

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0059865 AV

DOCUMENT # P94000067851

1. Entity Name
NAVARRE DEVELOPMENT CORPORATION

02-26-2002 90110 029 ***150.00

Principal Place of Business
6921 NAVARRE PARKWAY
NAVARRE FL 32566

Mailing Address
6863 NAVARRE PKWY
NAVARRE FL 32566
US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P O Box 391
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gulf Breeze Florida

City & State
Gulf Breeze Florida

Zip Country
32562-391 USA

4. FEI Number **59-3277840** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, PAUL P
6863 NAVARRE PARKWAY
NAVARRE FL 32566

7. Name and Address of New Registered Agent
 Name
Clay Roesch
 Street Address (P.O. Box Number is Not Acceptable)
31 Hoffman Drive
Gulf Breeze FL 32561
 City
Gulf Breeze FL Zip Code
32561

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Clay Roesch, Gen Mgr** **850.934.3000** **2/12/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, PAUL P 6863 NAVARRE PKWY NAVARRE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLINARI, MADEO 8525 GULF BLVD #802 NAVARRE BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BROWN, ELIZABETH A 6863 NAVARRE PKWY NAVARRE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Rosemary M Molinari 8525 Gulf Blvd. #802 Navarre Bch FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MADEO MOLINARI** **2/12/2002** **850.939.7666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)