

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

091100

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 12 PM 2:44

DOCUMENT # P960000093378

1. Entity Name

Navix of Osceola, Inc.

Principal Place of Business

~~1543 Gant's Circle~~
~~Kissimmee, FL 34744~~

Mailing Address

PO Box 421404
Kissimmee, FL 34742

2. Principal Place of Business

700 W. Oak ST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 421404

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-3409467

Applied For

Not Applicable

Zip

34741

Country

Osceola

Zip

34744

Country

Osceola

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

E. Hampton Sessions MD

Street Address (P.O. Box Number is Not Acceptable)

1543 Gant's Circle

City

Kissimmee

FL

Zip Code

34744

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

E. Hampton Sessions

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/6/00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
E. Hampton Sessions
1543 Gant's Circle
Kissimmee, FL 34744

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003400777
-09/21/00--01024--015
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☐ Change ☐ Addition

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☐ Change ☐ 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:

E. Hampton Sessions

9/6/00

Date

Daytime Phone #

407 518
3196