

* Amended *

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037708

1. Entity Name

Navron Corporation, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -7 AM 11:28

Principal Place of Business

Mailing Address

914 Curlew Rd.
333
Dunedin FL 34698P.O. Box 2530
Muscle Shoals AL 35662

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3454167

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT Corporation System
1200 South Pine Island Rd.
Plantation FL 33324

Name

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

City

FL

Zip Code

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

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) ☐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	President	☒ Delete
NAME	D. B. Miley	
STREET ADDRESS	701 Tennessee River Dr.	
CITY-ST-ZIP	Muscle Shoals AL 35661	

TITLE	President	☐ Change ☒ Addition
NAME	Anita Watkins	
STREET ADDRESS	P.O. Box 2565	
CITY-ST-ZIP	Muscle Shoals AL 35662	

TITLE	V. President	☒ Delete
NAME	Thomas C. Shook	
STREET ADDRESS	701 Tennessee River Dr.	
CITY-ST-ZIP	Muscle Shoals AL 35661	

TITLE	V. President	☐ Change ☒ Addition
NAME	Beverly Peebles	
STREET ADDRESS	P.O. Box 2565	
CITY-ST-ZIP	Muscle Shoals AL 35662	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	☐ Change ☒ Addition
NAME	Beverly Peebles	
STREET ADDRESS	P.O. Box 2565	
CITY-ST-ZIP	Muscle Shoals AL 35662	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Beverly Peebles Beverly Peebles

5/22/01

(256) 383-0721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Block 12)

CR20034 (11/00)