

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90096 039 ***150.00

DOCUMENT

1. Entity Name

NAVIS, INC.

P97000038807

Principal Place of Business

Mailing Address

7887 Bryan Dairy Road
Suite 122
Largo, FL 33777

7887 Bryan Dairy Road
Suite 122
Largo, FL 33777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3443755

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Hodges, John W. Jr.
1533 Windmill Pointe Road
Palm Harbor, FL 34685

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | Hodges, John W. Jr. | |
| STREET ADDRESS | 36181 East Lake Road | |
| CITY-ST-ZIP | Palm Harbor, FL 34685 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | Hodges, Lisa L. | |
| STREET ADDRESS | 36181 East Lake Road, Suite 122 | |
| CITY-ST-ZIP | Palm Harbor, FL 34685 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Hodges, John W. Sr. | |
| STREET ADDRESS | 36181 East Lake Road | |
| CITY-ST-ZIP | Palm Harbor, FL 34685 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 7887 Bryan Dairy Road, Suite 122 | |
| CITY-ST-ZIP | Largo, FL 33777 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 7887 Bryan Dairy Road, Suite 122 | |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa L. Hodges

4-11-00

Date

727.548.0636

Daytime Phone #

CR2E034 (9/99)