

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90108 041 ***150.00

DOCUMENT # **P98000011007**

1. Corporation Name
NAVIGATOR SERVICES, INC.

Principal Place of Business
**560 PIGEON PLUM LANE
MIAMI FL 33137**

Mailing Address
**560 PIGEON PLUM LANE
MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

1 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

65-0809473

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

2 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

3 Zip

Country

28 Zip

Country

8. This corporation owes the current year intangible
Personal Property Tax

☒ Yes

☐ No

4

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLSING, ROGER
560 PIGEON PLUM LANE
MIAMI FL 33137**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT + DIRECTOR** ☐ DELETE

1 TITLE ☐ Change ☒ Addition

NAME **ROGER HOLSING**

2 NAME

STREET ADDRESS **560 PIGEON PLUM LANE**

3 STREET ADDRESS

CITY-ST-ZIP **MIAMI, FLA 33137**

4 CITY-ST-ZIP

TITLE ☐ DELETE

5 TITLE ☐ Change ☐ Addition

NAME

6 NAME

STREET ADDRESS

7 STREET ADDRESS

CITY-ST-ZIP

8 CITY-ST-ZIP

TITLE ☐ DELETE

9 TITLE ☐ Change ☐ Addition

NAME

10 NAME

STREET ADDRESS

11 STREET ADDRESS

CITY-ST-ZIP

12 CITY-ST-ZIP

TITLE ☐ DELETE

13 TITLE ☐ Change ☐ Addition

NAME

14 NAME

STREET ADDRESS

15 STREET ADDRESS

CITY-ST-ZIP

16 CITY-ST-ZIP

TITLE ☐ DELETE

17 TITLE ☐ Change ☐ Addition

NAME

18 NAME

STREET ADDRESS

19 STREET ADDRESS

CITY-ST-ZIP

20 CITY-ST-ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-ST-ZIP

24 CITY-ST-ZIP

TITLE ☐ DELETE

25 TITLE ☐ Change ☐ Addition

NAME

26 NAME

STREET ADDRESS

27 STREET ADDRESS

CITY-ST-ZIP

28 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Roger Holsing

FEB 16, 2001

305
576-0607