

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000015850**

1. Entity Name

NAVARRE VAN SALES, INC.**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91009 042 ***150.00

Principal Place of Business

**9736 NAVARRE PARKWAY
NAVARRE FL 32566**

Mailing Address

**9736 NAVARRE PARKWAY
NAVARRE FL 32566**

2. Principal Place of Business

4188 A GULF BREEZE PKWY

3. Mailing Address

1487 ARKANSAS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GULF BREEZE, FL

City & State

NAVARRE FL

4. FEI Number

59-3494374

Applied For

Not Applicable

Zip

32561

Country

SANTA ROSA

Zip

32566-7201

Country

SANTA ROSA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCARDLE, GRACE
1487 ARKANSAS ST
NAVARRE FL 32566-7201**

7. Name and Address of New Registered Agent

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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **MCARDLE, TOM**
STREET ADDRESS **9736 NAVARRE PARKWAY**
CITY-ST-ZIP **NAVARRE FL 32566**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **MCARDLE, TOM**
STREET ADDRESS **1487 ARKANSAS ST.**
CITY-ST-ZIP **NAVARRE, FL 32566**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ 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: **Tom McCardle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-18-01** **850-939-3992**
Date Daytime Phone #

CR2E034 (10/00)