## 2005 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030841 FILED SECRETARY OF STATE DIVISION OF CORPORATION NAVIGATE, INC. 00 JUL 31 AM 10: 46 Principal Place of Business Mailing Address 13759 CLUB COVE DR. 13759 CLUB COVE DR. JACKSONVILLE FL 32225-5430 MCKSONVILLE FL 32225-5430 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3502393 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRIMM, JAMES N SR. Street Address (P.O. Box Number is Not Acceptable) 13759 CLUB COVE DR. JACKSONVILLE FL 32225-5430 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS:\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE NAME GRIMM, JAMES N SR. NAME STREET ADDRESS STREET ADDRESS 13759 CLUB COVE DR. CITY-ST-ZIP CITY-ST-ZIF JACKSONVILLE FL 32225-5430 Addition ☐ Change TITLE Delete TITLE NAME 700003352917----08/10/00--01094--021 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \*\*\*\*150.00 Hitama 50 Ublition ☐ Delete TITLE TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP Addition Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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indicated on this report or suppliemental 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:

13759 (lub Cove Drive, Jacksonville, FL 32225-5430 Telephone (904) 220-2068 Fax (904) 220-6817 internet@navinc.com

Tuesday, July 18, 2000

Uniform Business Report Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

In Re: Document # P98000030841

To Whom It May Concern:

I was advised by Marie in your offices to send you another check for \$150.00 and a copy of my previously filed 2000 Uniform Business Report.

I am currently in Montreal, Quebec, Canada having come here on business on May 6th. My mail was forwarded in bulk and arrived here yesterday. I discovered another Uniform Business Report in my mail and another request from you that I file. I inquired with my bank only to find my check has not been cashed by you. Therefore, my call to Marie.

As I am sending a second check, I understand from Marie that you will makew a refund to me if you later cash my initial check as well as the one enclosed with this letter. Thank you for helping.

Cordially,

James N. Grimm, CLU, ChFC

Office of the President NAVIGATE, Inc.