2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000073676** Jan 28, 2000 8:00 am **Secretary of State** NAVIGATOR ELECTRONICS, INC. 01-28-2000 90090 043 ***150.00 Mailing Address Principal Place of Business 630 S.W. 4TH AVENUE 630 S.W. 4TH AVENUE FT LAUDERDALE FL 33315-1012 FT LAUDERDALE FL 33315-1012 3. Mailing Address P.O. BOX 100591 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0863411 FT. LAUDERDALE, FL Not Applicable Country **USA** Zip Country \$8.75 Additional 5. Certificate of Status Desired 33310-0591 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOUGLAS, JAMES A JR. Street Address (P.O. Box Number is Not Acceptable) 630 S.W. 4TH AVENUE FT LAUDERDALE FL 33315-1012 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 11. Change Addition ☐ Delete TITLE TITLE DOUGLAS, JAMES.A., JR. DOUGLAS, JAMES A NAME NAME STREET ADDRESS 630 S.W. 4TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315-1012 Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS 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 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 excute 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.

James A. SIGNING OFFICER OR DIRECTOR

Douglas, Jr.

954-462-0280

SIGNATURE