

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90040 036 ***158.75

B0008665



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000021886

1. Entity Name
NAVARRE SERVICES, INCORPORATED

Principal Place of Business **Mailing Address**
 8717 SAND PINE DRIVE 8717 SAND PINE DRIVE
 NAVARRE FL 32566 NAVARRE FL 32566-3130

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 **Applied For**
 59-3564313 ☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YATES, WILLIAM A
8717 SAND PINE DRIVE
NAVARRE FL 32566

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 *William A. Yates* (William A. Yates) **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	YATES, WILLIAM A
STREET ADDRESS	8717 SAND PINE DRIVE
CITY-ST-ZIP	NAVARRE FL 32566
TITLE	D <input type="checkbox"/> Delete
NAME	YATES, EMILY J
STREET ADDRESS	8717 SAND PINE DRIVE
CITY-ST-ZIP	NAVARRE FL 32566
TITLE	D <input type="checkbox"/> Delete
NAME	YATES, WILLIAM A JR.
STREET ADDRESS	3657 SW OTHELLO
CITY-ST-ZIP	SEATTLE WA 98126
TITLE	D <input type="checkbox"/> Delete
NAME	YATES, ANNA K
STREET ADDRESS	3657 SW OTHELLO
CITY-ST-ZIP	SEATTLE WA 98126
TITLE	D <input type="checkbox"/> Delete
NAME	YATES, ROBERT M
STREET ADDRESS	2007 E GADSDEN, #303
CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	D <input type="checkbox"/> Delete
NAME	NORTH, CHERRI B
STREET ADDRESS	320 MENEES LN
CITY-ST-ZIP	MADISON TN 37115

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Address Change Only</i>
STREET ADDRESS	<i>1911 E. Mallory St.</i>
CITY-ST-ZIP	<i>Pensacola, FL 32503</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Address Change Only</i>
STREET ADDRESS	<i>1911 E. Mallory St.</i>
CITY-ST-ZIP	<i>Pensacola, FL 32503</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William A. Yates* (William A. Yates) **DATE** 1/16/00 **Daytime Phone #** 850-939-2663

CR2E034 (9/99)