

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90043 009 \*\*\*158.75

**DOCUMENT # P99000021886**

1. Entity Name

**NAVARRE SERVICES, INCORPORATED**

Principal Place of Business

**8717 SAND PINE DRIVE  
 NAVARRE FL 32566**

Mailing Address

**8717 SAND PINE DRIVE  
 NAVARRE FL 32566**

2. Principal Place of Business

**6628 Calle de Laurel**

3. Mailing Address

**6628 Calle de Laurel**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAVARRE, FL**

City & State

**NAVARRE**

4. FEI Number

**59-3564313**

Applied For

Not Applicable

Zip

**32566**

Country

**USA**

Zip

**32566**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**YATES, WILLIAM A  
 8717 SAND PINE DRIVE  
 NAVARRE FL 32566**

7. Name and Address of New Registered Agent

Name **YATES, WILLIAM A.**

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

**6628 Calle de Laurel**

City

**NAVARRE**

**FL**

Zip Code

**32566**

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*

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

(NOTE: Registered Agent signature required when reinstating)

**14/01/02**

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, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	SR	<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	1911 E. MALLORY ST. →	
CITY-ST-ZIP	PENSACOLA FL 32503 →	
TITLE	D	<input type="checkbox"/> Delete
NAME	YATE LEE, MARIA →	
STREET ADDRESS	6770 E BAY BLVD	
CITY-ST-ZIP	NAVARRE FL 32566	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6628 Calle de Laurel
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6628 Calle de Laurel
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6628 Calle de Laurel
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yates - Lee, MARIA
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**14/01/02**

DATE

**850-9392663**

Daytime Phone #

CR2E034 (9/01)