

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000032360**

1. Entity Name

NAVA ENTERPRISES, INC.**FILED****Mar 27, 2000 8:00 am**
Secretary of State

03-27-2000 90096 048 ***150.00

00046453



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1217 SW 49TH ST.
CAPE CORAL FL 339141217 SW 49TH ST.
CAPE CORAL FL 33914-7048

2. Principal Place of Business

3. Mailing Address

1505 S.E. 40th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

City & State

City & State

Cape Coral, FL

Zip

Country

Zip

Country

33904

4. FEI Number

Applied For

65-0923962

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

~~SHAW, CLAUDIA~~~~1631 CAPE CORAL PKWY
CAPE CORAL FL 33904~~

Name

James W. Amburn

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

1505 S.E. 40th Street**Suite C**

City

FL

Zip Code

33904**Cape Coral**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GOETZ, NADINE**
STREET ADDRESS **1217 SW 49TH ST.**
CITY-ST-ZIP **CAPE CORAL FL 33914**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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: **Nadine Gih**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**03/15/00**

Date

Daytime Phone #