

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90079 028 ***150.00

NAE000001 AV

DOCUMENT # P99000097690
 1. Entity Name
NAUTICAL OUTFITTERS CORP.

Principal Place of Business Mailing Address
10351 72ND ST N **10351 72ND ST N**
LARGO FL 34647 **LARGO FL 34647**

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 **11-3523358** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 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 _____
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, 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	P	<input type="checkbox"/> Delete
NAME	GLEN, JAMES	
STREET ADDRESS	10351 72ND ST N	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	STEFANO, JOSEPH D	
STREET ADDRESS	10351 72ND ST N	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAMB, ANTHONY	
STREET ADDRESS	10351 72ND ST N	
CITY-ST-ZIP	LARGO FL 34647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN FLAXMAN	
STREET ADDRESS	10351 72nd ST N.	
CITY-ST-ZIP	LARGO, FL 34647	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT DEVINE	
STREET ADDRESS	10351 72nd ST N.	
CITY-ST-ZIP	LARGO, FL 34647	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STUART PIVAR	
STREET ADDRESS	10351 72nd St N.	
CITY-ST-ZIP	LARGO, FL 34647	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BOLLIN E	
STREET ADDRESS	10351 72nd St N.	
CITY-ST-ZIP	LARGO, FL 34647	
TITLE	VP ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEN, JAMES	
STREET ADDRESS	10351 72nd St. N.	
CITY-ST-ZIP	LARGO FL 34647	
TITLE	VP ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISTEFANO, JOSEPH	
STREET ADDRESS	10351 72nd ST N	
CITY-ST-ZIP	LARGO, FL 34647	

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: *J. Stefano* **VPT J. DISTEFANO** **1/21/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)