

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

AMENDED

07-23-2002 90331 048 ***61.25
585506

02 JUL 26 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 585506

1. Entity Name

Delray Nautilus, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

660 Linton Blvd

Suite, Apt. #, etc.

104

City & State

Delray Beach, FL

Zip

33444

Country

USA

3. Mailing Address

660 Linton Blvd

Suite, Apt. #, etc.

104

City & State

Delray Beach, FL

Zip

33444

Country

USA

4. FEI Number

59-1847171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Peter Stein

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

660 Linton Blvd # 104

City

Delray Beach

FL

Zip Code

33444

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 tax, if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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.S.
NAME	JON KLEIN
STREET ADDRESS	660 Linton Blvd # 104
CITY- ST- ZIP	Delray Beach, FL 33444
TITLE	V.P.
NAME	STEVE FLECKMAN
STREET ADDRESS	660 Linton Blvd # 104
CITY- ST- ZIP	Delray Beach FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

JON KLEIN, PRES.

7/18/02

561-278-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0346 (12/01)