

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 607922

1. Entity Name

NAUTICAL SYSTEMS, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90246 022 \*\*\*150.00

Principal Place of Business

Mailing Address

416 SW 62ND AVE.  
HOLLYWOOD FL 33023

~~416 SW 62ND AVE.~~  
~~HOLLYWOOD FL 33023-1329~~

2. Principal Place of Business

3. Mailing Address

113 NORTH FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DANIA BEACH, FL.

Zip

Country

Zip

Country

33004

U.S.A.

4. FEI Number

59-1879163

Applied For

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

ADAMS, GERALD  
C/O FAST TAX  
113 N FEDERAL HWY  
DANIA BEACH FL 33004

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVT  
WISMAN, GLENN T  
2088 CANE LANE, WESTON  
FT. LAUDERDALE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
416 S.W. 62ND. AVENUE  
HOLLYWOOD, FL. 33023

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~S~~  
~~WISMAN, KAREN L~~  
~~2088 COVE LANE, WESTON~~  
~~FT. LAUDERDALE FL~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Change

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TITLE  
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CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GLENN T. WISMAN - PRESIDENT 4/26/00

CR2E034 (9/99)