

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003203

1. Entity Name

NAVTEC RIGGING & HYDRAULICS, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90653 037 ***550.00

Principal Place of Business

Mailing Address

351 NEW WHITFIELD ST.
GUILFORD CT 06437

351 NEW WHITFIELD ST.
GUILFORD CT 06437-3400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1198842

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, IAN	
STREET ADDRESS	CARR HILL	
CITY-ST-ZIP	DONCASTER DN480Q	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLETCHER, ALAN	
STREET ADDRESS	CARR HILL	
CITY-ST-ZIP	DONCASTER DN480Q	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, ANDREW	
STREET ADDRESS	CARR HILL	
CITY-ST-ZIP	DONCASTER DN480Q	
TITLE	PS	<input type="checkbox"/> Delete
NAME	O'CONNELL, PETER	
STREET ADDRESS	105 WINTHROP ROAD	
CITY-ST-ZIP	GUILFORD CT 06437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR MACMILLAN	
STREET ADDRESS	CUMBLAE HOUSE, 15 CARLTON COURT	
CITY-ST-ZIP	GLASGOW, SCOTLAND G5 9JP	
TITLE	D.T.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLAS CHALMERS	
STREET ADDRESS	CUMBLAE HOUSE, 15 CARLTON COURT	
CITY-ST-ZIP	GLASGOW, SCOTLAND G5 9JP	
TITLE	ASST. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENE CHARLES	
STREET ADDRESS	351 NEW WHITFIELD ST	
CITY-ST-ZIP	GUILFORD, CT 06437	
TITLE	ASST. SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER O'CONNELL	
STREET ADDRESS	105 WINTHROP RD.	
CITY-ST-ZIP	GUILFORD, CT 06437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/9)