

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003203

1. Entity Name  
NAVTEC RIGGING & HYDRAULICS, INC.

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90010 019 \*\*\*550.00

Principal Place of Business

Mailing Address

351 NEW WHITFIELD ST.  
GUILFORD CT 06437

351 NEW WHITFIELD ST.  
GUILFORD CT 06437

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 06-1198842

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

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

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!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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	PRESIDENT (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACMILLAN, ARTHUR	
STREET ADDRESS	STRAITVIEW ROAD	
CITY-ST-ZIP	KOLBARCHAN REN FREW SHIRE, SCOTLAND	
TITLE	SECRETARY/TREASURER (DIRECTOR)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLAS, EUGENE	
STREET ADDRESS	KENMILL HOUSE	
CITY-ST-ZIP	13 HAMILTON DRIVE BROTHWELL, SCOTLAND	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUNTON, RANDOLPH	
STREET ADDRESS	18 MONK ROAD	
CITY-ST-ZIP	OLD SAYBROOK, CT 06475	
TITLE	ASSISTANT SECRETARY (DIRECTOR)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES, EUGENE	
STREET ADDRESS	38 SHEPHERDS TRAIL	
CITY-ST-ZIP	MADISON, CT 06443	
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 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: DIRECTOR

4/25/01 (203) 458-3163

Date

Daytime Phone #

CR2E034 (10/00)