

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003105

1. Entity Name

NAUTICAL ENDEAVORS INC.

Principal Place of Business

11 LAKE SHORE DR.
KEY LARGO FL 33037

Mailing Address

11 LAKE SHORE DR.
KEY LARGO FL 33037-2512

2. Principal Place of Business

3. Mailing Address

PO Box 2545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

Zip

Country

Zip

Country

34995

MARTIN

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN STILLMAN, L ESQ
301 YAMATO RD.
SUITE 1200
BOCA RATON FL 33431

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HOGAN, SUSAN
STREET ADDRESS 11 LAKE SHORE DR
CITY-ST-ZIP KEY LARGO FL 33037

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SDT ☐ Delete
NAME COLLIER, ANN D
STREET ADDRESS 97 BAILEY ST.
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUSAN HOGAN

Date

Daytime Phone #

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90004 028 ****61.25



DO NOT WRITE IN THIS SPACE