

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000003105**

1. Entity Name

NAUTICAL ENDEAVORS, INC

Principal Place of Business

Mailing Address

**11 Lakeshore Dr.
Key Largo FL 33037**

**350 NW ALICE AVE
STUART FL 34997**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART FL

Zip

Country

Zip

Country

34997

MARTIN

4. FEI Number

65-0754437

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

**VAN STILLMAN 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

(NOT) 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 **SUSAN HOGAN**
STREET ADDRESS **11 LAKE SHORE DR.**
CITY-ST-ZIP **KEY LARGO, FL 33037**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition
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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 no 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01 561-692-9601

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90498 020 ****61.25

00056977

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)