

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90179 044 *****70.00

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DOCUMENT # F97000003105

1. Entity Name

NAUTICAL ENDEAVORS INC.



Principal Place of Business

**350 NW ALICE AVENUE
STUART FL 34994**

Mailing Address

**350 NW ALICE AVENUE
STUART FL 34994**

2. Principal Place of Business

11 Lakeshore Dr.

3. Mailing Address

11 Lakeshore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key Largo FL 33037

City & State

Key Largo FL 33037

Zip

33037

Country

Monroe

Zip

33037

Country

USA

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Wickum, Sheryl R.**
STREET ADDRESS **11 Lake Shore Dr.**
CITY-ST-ZIP **Key Largo, FL 33037**

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

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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

Sheryl R. Wickum

4-30-2003 954.647.0148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)