

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0414384 AV

DOCUMENT # F98000003125

1. Entity Name
NAUPLUS LIMITED COMPANY



FILED

03 APR 15 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
22 GRENVILLE ST
ST. HELIER, JERSEY JE48PX
CHANNEL ISLANDS

Mailing Address
14 S SWINTON AVE
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

255 NE 6TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DELRAY BEACH, FL

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country
USA

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

SMITHER, JR, ROBERT M
14 SOUTH SWINTON AVENUE
DELRAY BEACH FL 33444

Name

WINTER, WILLIAM R.

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

255 NE 6TH AVE

City

DELRAY BEACH

FL

Zip Code

33483

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 William R. Winter WILLIAM R. WINTER A/T (NOTE: Registered Agent signature required when reinstating)

4/14/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	CRILL, JAMES D.P.	
STREET ADDRESS	22 GRENVILLE ST, ST HELIER JERSEY JE48PX	
CITY-ST-ZIP	CHANNEL ISLANDS	
TITLE	VC	<input type="checkbox"/> Delete
NAME	DAVIES, NICOLA C	
STREET ADDRESS	22 GRENVILLE ST, ST HELIER JERSEY JE48PX	
CITY-ST-ZIP	CHANNEL ISLANDS	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITHER, JR, ROBERT M	
STREET ADDRESS	14 S SWINTON AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARLEY, KEVIN P	
STREET ADDRESS	22 GRENVILLE ST, ST HELIER JERSEY JE48PX	
CITY-ST-ZIP	CHANNEL ISLANDS	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOURANT & CO. SECRETARIES LIMITED	
STREET ADDRESS	22 GRENVILLE ST, ST HELIER JERSEY JE48PX	
CITY-ST-ZIP	CHANNEL ISLANDS	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300016087093	
STREET ADDRESS	04/15/03--01098--013 **150.00	
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	A/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINTER, WILLIAM R.	
STREET ADDRESS	255 NE 6TH AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	

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 607, 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 REQUIRED

W. WINTER A/T 4/14/03 (561) 243-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)