

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H30853

1. Entity Name

NAUTILUS OF SANTA ROSA, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90156 021 ***150.00

Principal Place of Business

Mailing Address

414 N GUILLE MARD ST
PENSACOLA FL 32501
US

414 N GUILLEMARD ST
PENSACOLA FL 32501-3946
US

2. Principal Place of Business

40 ANDALUSIA RD

3. Mailing Address

40 ANDALUSIA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CANTONMENT FL

City & State

CANTONMENT FL

4. FEI Number

59-2472274

Applied For

Not Applicable

Zip

32533

Country

US

Zip

32533

Country

US

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

CHASE, JAMES L.
101 E. GOVERNMENT ST.
PENSACOLA FL 32501

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!!! FEE IS \$150.00
After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDSTILL, JOHN L. III	NAME	
STREET ADDRESS	414 N. GUILLEMARD STREET	STREET ADDRESS	40 ANDALUSIA RD
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUDSTILL, PATTI C.	NAME	
STREET ADDRESS	414 N GUILLEMARD ST	STREET ADDRESS	40 ANDALUSIA RD
CITY-ST-ZIP	PENSACOLA FL 32501	CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 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

JOHN L. STUDSTILL III

3/29/00 (850) 937 1987

Date

Daytime Phone #

CR2E034 (9/99)