

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68132

1. Entity Name
NAUTIGATOR, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90012 010 ***150.00

Principal Place of Business
13365 NE 226 AVENUE ROAD
SALT SPRINGS FL 32134
US

Mailing Address
13365 NE 226 AVENUE ROAD
SALT SPRINGS FL 32134
US

00043331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DYKES, JAMES E. 13365 NE 226 AVENUE ROAD SALT SPRINGS FL 32134		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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	HEISEL, EDWIN JOHN	NAME	
STREET ADDRESS	37 WEST MELBOURNE AVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	HEISEL, BARBARA A.	NAME	
STREET ADDRESS	37 WEST MELBOURNE AVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	DYKES, YVONNE R	NAME	
STREET ADDRESS	13365 NE 226 AVENUE ROAD	STREET ADDRESS	
CITY-ST-ZIP	SALT SPRINGS FL	CITY-ST-ZIP	
TITLE	CPD	TITLE	
NAME	DYKES, JAMES E	NAME	
STREET ADDRESS	13365 NE 226 AVENUE ROAD	STREET ADDRESS	
CITY-ST-ZIP	SALT SPRINGS FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: James E. Dykes, CPD 3/2/01 352-685-1532

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)