

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001065

1. Entity Name

NAUTICAL HOLDINGS, L.L.C.

FILED

01 APR 20 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

19345 U.S. HIGHWAY 19 NORTH, 4TH FLOOR
CLEARWATER FL 34624

Mailing Address

19345 U.S. HIGHWAY 19 NORTH, 4TH FLOOR
CLEARWATER FL 34624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3522485

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARSHAW, ARTHUR H

19345 U.S. HIGHWAY 19 NORTH, 4TH FLOOR
CLEARWATER FL 34624

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME VANDERLIP, HENRIK N
STREET ADDRESS 133 RIVER ROAD
CITY-ST-ZIP COS COB CT 06807

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

TITLE MGR ☐ Delete
NAME WARSHAW, ARTHUR H
STREET ADDRESS 19345 U.S. HIGHWAY 19 NORTH, 4TH FLOOR
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☐ Change ☐ Addition
NAME 700004083977
STREET ADDRESS -04/27/01--01027--007
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/01 727-530-5424

CR2E083 (11/00)