

# 2000 UNIFORM BUSINESS REPORT (UBR)

0007121 AF

APPROVED  
AND  
FILED

00 MAR 30 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*4/11/00*



DO NOT WRITE IN THIS SPACE

**DOCUMENT # M99000000953**  
1. Entity Name  
**NORDIC TUGS SOUTHEAST, LLC**

Principal Place of Business: 3130 JASMINE DRIVE, DELRAY BEACH FL 33483  
Mailing Address: 3130 JASMINE DRIVE, DELRAY BEACH FL 33483-4728

2. Principal Place of Business: Suite, Apt. #, etc. City & State: DELRAY BEACH, FL Zip: 33483  
3. Mailing Address: 1730 So. FEDERAL HWY, Suite, Apt. #, etc. PMB # 378, City & State: DELRAY BEACH, FL Zip: 33483

4. FEI Number: 65-0927378 **APPLIED FOR**  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BROWN, W. DAVID**  
3130 JASMINE DRIVE  
DELRAY BEACH FL 33483

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.  
SIGNATURE: *[Signature]* DATE: 3/27/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS	
TITLE: MGR. NAME: BROWN, W. DAVID STREET ADDRESS: 3130 JASMINE DR CITY-ST-ZIP: DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE: MGR. NAME: BROWN, ARLENE A STREET ADDRESS: 3130 JASMINE DR. CITY-ST-ZIP: DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: 3/27/00 DAYTIME PHONE #: 1-800-868-6406  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083(6/99)