

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90104 017 ****70.00

DOCUMENT # N25433

1. Entity Name

NAVY SEA BEE-VETERANS ISLAND X12, INC.

Principal Place of Business

Mailing Address

C/O LOUIS URSILLO
 7824 MANFIELD HOLLOW RD.
 DELRAY BEACH FL 33446

C/O LOUIS URSILLO
 7824 MANFIELD HOLLOW RD.
 DELRAY BEACH FL 33446-3317

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

36-3382061

Applied For

Not Applicable

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

URSILLO, LOUIS
7824 MANSFIELD HOLLOW RD.
DELRAY BEACH FL 33446

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARVER, WALTER E	
STREET ADDRESS	2640 GATELY DR. W. -1001	
CITY-ST-ZIP	W. PALM BCH FL 33415	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PERRINE, MICHAEL	
STREET ADDRESS	1353 PERRYWINKLE PL	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STUFFER, ADOLPH B	
STREET ADDRESS	6304 SILVER MOON LN	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDWARDS, WILLIAM	
STREET ADDRESS	5600 POINETTA #1907	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	URSILLO, LOUIS	
STREET ADDRESS	7824 MANSFIELD HOLLOW RD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTINELLI, HAROLD	
STREET ADDRESS	1507 SW 21 ST	
CITY-ST-ZIP	BOYNTON BCH FL 33426	

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	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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* URSILLO

1/28/2000 521 495 5751

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)