

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91763 037 ****70.00

DOCUMENT # N25433

1. Entity Name

NAVY SEA BEE VETERANS ISLAND X12, INC.

37473



DO NOT WRITE IN THIS SPACE

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	
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	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$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: Louis Ursillo DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	PERRINE, MICHAEL	NAME	
STREET ADDRESS	P O BOX 3682	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33465	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	STUFFER, ADOLPH	NAME	
STREET ADDRESS	6304 SILVER MOON LN	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33463	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	HORTTER, LESTER L	NAME	
STREET ADDRESS	26398 W EMORY DR. VILLA F	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	EDWARDS, WILLIAM	NAME	
STREET ADDRESS	5600 POINETTA #1907	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	URSILLO, LOUIS	NAME	
STREET ADDRESS	7824 MANSFIELD HOLLOW RD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	MARTINELLI, HAROLD	NAME	
STREET ADDRESS	1507 SW 21 ST	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33428	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: Louis Ursillo SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/01)