

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90089 004 ****61.25

DOCUMENT # N25433

1. Entity Name

NAVY SEA BEE VETERANS ISLAND X12, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-3382061**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PERRINE, MICHAEL**
STREET ADDRESS **P O BOX 3682**
CITY-ST-ZIP **LAKE WORTH FL 33465**

TITLE **VD** ☐ Delete
NAME **STUFFER, ADOLPH**
STREET ADDRESS **6304 SILVER MOON LN**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **VD** ☐ Delete
NAME **HORTTER, LESTER L**
STREET ADDRESS **26398 W EMORY DR. VILLA F**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **TD** ☐ Delete
NAME **EDWARDS, WILLIAM**
STREET ADDRESS **5600 POINETTA #1907**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE **TD** ☐ Delete
NAME **URSILLO, LOUIS**
STREET ADDRESS **7824 MANSFIELD HOLLOW RD**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **TD** ☐ Delete
NAME **MARTINELLI, HAROLD**
STREET ADDRESS **1507 SW 21 ST**
CITY-ST-ZIP **BOYNTON BCH FL 33426**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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

CR2E037 (10/02)