2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 08:00 AM
Secretary of State

DOCUMENT # **P00000036789**

1. Entity Name
ARGONAUTICA, INC.

Principal Place of Business	Mailing Address
1326 SE 17TH STREET SUITE 522 FORT LAUDERDALE FL 33316	1326 SE 17TH STREET SUITE 522 FORT LAUDERDALE FL 33316

2. Principal Place of Business	3. Mailing Address
2805 E OAKLAND PARK BLVD.	2805 E OAKLAND PARK BLVD.
Suite, Apt. #, etc.: PMB 368	Suite, Apt. #, etc.: PMB 368
City & State: FORT LAUDERDALE FL	City & State: FORT LAUDERDALE FL
Zip: 33306-181 Country:	Zip: 33306-181 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0999464** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DALE CHARLES S
414 NE FOURTH STREET
FORT LAUDERDALE FL
33301 US

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 ______ 01/09/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T/S	☐ Change ☒ Addition
NAME	BELSCHNER CARL RMR.	
STREET ADDRESS	1858 NE 33 ST.	
CITY-ST-ZIP	OAKLAND PARK FL 33306	
TITLE	P	☐ Change ☒ Addition
NAME	VRANA JOANN MS	
STREET ADDRESS	1858 NE 33 ST.	
CITY-ST-ZIP	OAKLAND PARK FL 33306	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl R Belschner T/S 01/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #