

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90117 002 ***150.00

DOCUMENT # P00000038998

1. Entity Name
NAUTICAL FUN, INC.

Principal Place of Business

**19 GARDEN COVE
 KEY LARGO FL 33037**

Mailing Address

**19 GARDEN COVE
 KEY LARGO FL 33037**

2. Principal Place of Business

426 4th ROAD

3. Mailing Address

426 4th ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO FL

City & State

KEY LARGO FL

Zip

Country

33037

USA

Zip

Country

33037

USA

4. FEI Number

65-1008213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GUIGOU, PIERRE
 19 GARDEN COVE
 KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name **Guigou Pierre**

Street Address (P.O. Box Number is Not Acceptable)

426 4th ROAD

City **KEY LARGO**

FL

Zip Code **33037**

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.

Guigou Pierre

(NOTE: Registered Agent signature required when reinstating)

3/31/02

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, 2002 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 **P** ☐ Delete
 NAME **GUIGOU, PIERRE**
 STREET ADDRESS **19 GARDEN COVE DR**
 CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Guigou Pierre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02

Date

(305) 453 7743

Daytime Phone #

CR2E034 (9/01)