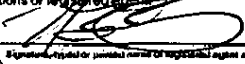


ENCLOSED: \$150.00 Payable to: Florida Dep:

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91838 016 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000000594			
1. Entity Name NAUTICAL DETAILS YACHT MANAGEMENT SYSTEMS, INC.			
Principal Place of Business 4926 VINCENNES STREET CAPE CORAL, FL 33904		Mailing Address 4926 VINCENNES STREET CAPE CORAL, FL 33904	
2. Principal Place of Business 4834 Tudor Drive		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State SAME	
Zip 33904		Country Lee	
4. FEI Number 65-1121383		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent KUTYLA, ANTHONY B 4926 VINCENNES STREET CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 4834 Tudor Drive (NEW ADDRESS ONLY) City Cape Coral FL Zip Code 33904	
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  DATE 04/29/03			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KUTYLA, TONY STREET ADDRESS 4926 VINCENNES STREET CITY-ST-ZIP CAPE CORAL, FL 33904		TITLE SAME NAME 4834 Tudor Drive STREET ADDRESS Cape Coral, FL 33904	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with no address, with all other like empowered.			
SIGNATURE 		DATE 04/29/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E004 (10/02)