FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90004 008 ***150.00

DOCUMENT # P01000016189

1. Entity Name

NAUTEK MARINE Engineering, Inc

DO NOT WRITE IN THIS SPACE

630294

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2. Principal Place of Business	3. Mailing Address
211 SW 15th St	211 SW 15th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State: Ft Lauderdale FL
Zip: 33315 Country: Broward	Zip: 33315 Country: Broward

4. FEI Number — ☐ Applied For ☑ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: James Jay Smith

Street Address (P.O. Box Number is Not Acceptable): 2702 NW 49th St

City: Tamarac FL Zip Code: 33309

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. (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) ☑

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

11. OFFICERS AND DIRECTORS

TITLE	P/S/D
NAME	James Jay Smith
STREET ADDRESS	2702 NW 49th St
CITY-ST-ZIP	Tamarac FL 33309
TITLE	V/T/D
NAME	Maria D Smith
STREET ADDRESS	2702 NW 49th St
CITY-ST-ZIP	Tamarac, FL 33309
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/25/02 954 562 4766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #