

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90903 043 \*\*\*150.00

**DOCUMENT # P92000009416**

1. Entity Name  
**NAVILLUS II, INC.**



Principal Place of Business  
**PO BOX 452  
RAYMOND ME 04071**

Mailing Address  
**PO BOX 452  
RAYMOND ME 04071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0381514**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORLICK, MICHAEL D  
1314 EAST VENICE AVENUE, SUITE D  
VENICE FL 34292**

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**\*Make Check Payable to Florida Department of State**

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  
NAME **D VAN CAMPEN, KATHLEEN SULLIVAN** ☐ Delete  
STREET ADDRESS **71 BEAR HILL ROAD**  
CITY-ST-ZIP **MERRIMAC MA 01860**

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

TITLE  
NAME **D COSTA, NANCY SULLIVAN** ☐ Delete  
STREET ADDRESS **170 WARREN AVE**  
CITY-ST-ZIP **PLYMOUTH MA 02360**

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

TITLE  
NAME **D SULLIVAN, SHARON R** ☐ Delete  
STREET ADDRESS **5 LONGMEADOW RD**  
CITY-ST-ZIP **WINNETKA IL**

TITLE  
NAME **Sullivan Kindler, Sharon R.** ☒ Change ☐ Addition  
STREET ADDRESS **23 Turkey Hills Road South**  
CITY-ST-ZIP **Westport, CT 06880**

TITLE  
NAME **D SULLIVAN, BRIAN E** ☐ Delete  
STREET ADDRESS **P.O. BOX 452 N/A**  
CITY-ST-ZIP **RAYMOND ME 04071**

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

TITLE  
NAME **D SULLIVAN, SEAN PATRICK** ☐ Delete  
STREET ADDRESS **53 LONGMEADOW FARM**  
CITY-ST-ZIP **POMFRET CENTER CT 06259**

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

TITLE  
NAME **D SULLIVAN, MARK DAVID** ☐ Delete  
STREET ADDRESS **1136 ELMIRA ROAD**  
CITY-ST-ZIP **NEWFIELD NY 14867-9239**

TITLE  
NAME **Sullivan, Mark David** ☒ Change ☐ Addition  
STREET ADDRESS **508 Aurora Street**  
CITY-ST-ZIP **Ithaca, NY 14850**

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 an address, with all other like empowered.

SIGNATURE:

*Sharon R. Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-1-3**

**207-655-4214**

CR2E034 (10/02)