

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90046 027 ***150.00

05/17/02 AT

DOCUMENT # P93000028074

1. Entity Name

NAUTIKOS SHIPPING COMPANY

Principal Place of Business

**ONE STATE ST.
 SUITE 1200
 BOSTON MA 02109**

Mailing Address

**ONE STATE ST.
 SUITE 1200
 BOSTON MA 02109**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
55 Union Street

3. Mailing Address
55 Union Street

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.

City & State
Boston MA

City & State
Boston MA

4. FEI Number
06-1373688

Applied For
 Not Applicable

Zip
02108

Country
USA

Zip
02108

Country
USA

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

**CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NORMAN, RICHARD**
 CITY-ST-ZIP **1 STATE ST., STE. 1200
 BOSTON MA 02109**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Norman, Richard**
 CITY-ST-ZIP **55 Union Street, 4th Floor
 Boston MA 02108**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BODNER, ANDREW M**
 CITY-ST-ZIP **105 BRANCHVILLE RD.
 RIDGEFIELD CT 06877**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GLOVER, MARK**
 CITY-ST-ZIP **5512 ST. CHARLES AVE.
 NEW ORLEANS LA 70115**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Glover, Mark**
 CITY-ST-ZIP **114 Lake Emerald Drive #208
 Fort Lauderdale FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 617-367-0032
 Date Daytime Phone #

CR2E034 (9/01)