

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90163 047 \*\*\*150.00

**DOCUMENT # P93000061320**

1. Entity Name

**NAUTIC-KOLD, INC.**

Principal Place of Business

220 S.W. 30TH ST.  
 FT. LAUDERDALE FL 33315  
 US

Mailing Address

~~P.O. BOX 21540~~ **220 SW 30th St.**  
 FT. LAUDERDALE FL ~~33306-1540~~  
**33315**

2. Principal Place of Business

3. Mailing Address

**220 SW 30th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FT. LAUDERDALE, FL.**

4. FEI Number

**65-0438501**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33315 BROWARD.**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANTOIGNONI, BRUCE E.**  
**220 S.W. 30TH ST.**  
**FT. LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ANTOIGNONI, BRUCE E.	220 S.W. 30TH ST.	FT. LAUDERDALE FL	<input type="checkbox"/>
D	ANTOIGNONI, ELLIOT J	558 25TH AVE., S.E.	ST. PETERSBURG FL	<input type="checkbox"/>
STD	ANTOIGNONI, DONNA	220 SW 30TH ST	FT LAUDERDALE FL 33315	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/00**  
 Date

**254-523-6182**  
 Daytime Phone #

CR2E034 (9/99)