## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000070831 Aug 31, 2000 8:00 am Secretary of State 1. Entity Name NUCLEAR SAILS, INC. 08-31-2000 90004 021 \*\*\*150.00 Mailing Address Principal Place of Business 1717 CASS ST W 1717 CASS ST W TAMPA FL 33606 TAMPA FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. EEI Number 59-3202697 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name HILL, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 36 SPANISH MAIN **TAMPA FL 33609** 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change Addition NAME HILL ROBERT L NAME STREET ADDRESS STREET ADDRESS **36 SPANISH MAIN** CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Change Addition TITLE -Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

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## NuClear Sails, Inc.

36 Spanish Main Tampa, Florida 33609 (813) 253-0905

To: Florida Department of State

From: Robert Hill

Ref: 2000 Uniform Business Report

**Date:** August 25, 2000

I have enclosed a check for \$150.00 for the 2000 Uniform Business Report. I have been in a transitional phase of my business and have been forced to move my location twice in the last six months. Sue to the address change, I did not receive the original report. My prior location was 1717 Cass Street and since then, I have located my business at my house, 36 Spanish Main. At this time, based on this information, I would like to request a waiver of the penalty and be allowed to pay the original \$150.00. I appreciate your attention to this matter and please call if you have any questions.