

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91643 040 ***150.00

DOCUMENT # P94000057949

1. Entity Name
NAUTICA OF VERO BEACH, INC.

Principal Place of Business

**1816 94TH DRIVE
 SUITE A190
 VERO BEACH FL 32966
 US**

Mailing Address

**40 WEST 57TH STREET
 3RD FLOOR
 NEW YORK NY 10019
 US**

2. Principal Place of Business

3. Mailing Address

**22 WEST 19TH ST
 4TH FL**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW YORK NY

4. FEI Number 65-0527862

**Applied For
 Not Applicable**

Zip

Country

Zip

Country

10011

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P
NAME WETZLER, JOHN
STREET ADDRESS 40 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10019 ☒ Delete

TITLE PRESIDENT
NAME RICHARD ANDERS
STREET ADDRESS 22 WEST 19TH ST - 4TH FL
CITY-ST-ZIP NEW YORK, NY 10011 ☐ Change ☒ Addition

TITLE VD
NAME SANDERS, HARVEY
STREET ADDRESS 40 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

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

TITLE VD
NAME CHU, DAVID
STREET ADDRESS 40 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

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

TITLE TS
NAME PETROCCA, FRANK
STREET ADDRESS 40 WEST 57TH ST
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS 22 WEST 19TH ST - 4TH FL
CITY-ST-ZIP NEW YORK, NY 10011 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (9/01)