2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered.

SIGNATURE

FILED Jan 14, 2000 8:00 am Secretary of State DOCUMENT # **P95000044783** NAUTILUS CONTRACTING COMPANY, INC. 01-14-2000 90005 007 ***150.00 Mailing Address Principal Place of Business 420 WHITNEY AVE. 420 WHITNEY AVE. LANTANA FL 33462-1765 LANTANA FL 33462 **UUUU4044** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0594437 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DYER, LARRY Street Address (P.O. Box Number is Not Acceptable) 420 WHITNEY AVE. LANTANA FL 33462 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD (X) Change Addition ☐ Delete TITLE TITLE DYER, LARRY NAME NAME 420 WHITNEY AVE. STREET ADDRESS STREET ADDRESS 33462 CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Change Addition ☐ Delete TITLE DYER, THOMAS E JR. NAME STREET ADDRESS 420 WHITNEY, AVE. STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZiP Delete □ Change Addition TITLE SYLVIA. JOHN NAME 420 WHITNEY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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 opens 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