

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044783

1. Entity Name

NAUTILUS CONTRACTING COMPANY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90107 047 ***150.00

Principal Place of Business

420 WHITNEY AVE.
LANTANA FL 33462

Mailing Address

420 WHITNEY AVE.
LANTANA FL 33462

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0594437**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYER, LARRY
420 WHITNEY AVE.
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name

THOMAS E DYER JR

Street Address (P.O. Box Number is Not Acceptable)

420 WHITNEY AVE

City

LANTANA

FL

Zip Code

33462

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 acceptable.

(NOTE: Registered Agent signature required when reinstating)

4/10/01

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, 2001 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 PD ☒ Delete
NAME DYER, LARRY
STREET ADDRESS 420 WHITNEY AVE.
CITY-ST-ZIP LANTANA FL 33462

TITLE T ☐ Delete
NAME DYER, THOMAS E JR.
STREET ADDRESS 420 WHITNEY AVE.
CITY-ST-ZIP LANTANA FL 33462

TITLE S ☐ Delete
NAME QUINONDS, LOUIS
STREET ADDRESS 420 WHITNEY AVE.
CITY-ST-ZIP LANTANA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 561-301-0844

Date

Daytime Phone #

CR2E034 (10/00)