

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048315

1. Entity Name
NITE HAWK OFFSHORE, INC.

Principal Place of Business

5 LUNA LANE
KEY WEST FL 33040

Mailing Address

P.O. BOX 1488
KEY WEST FL 33040

2. Principal Place of Business

5865 Datil Pepper Rd.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3124
Suite, Apt. #, etc.

City & State

St. Augustine FL
Zip 32086 Country USA

City & State

St. Augustine FL
Zip 32084 Country USA

4. FEI Number 59-3364210

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYNN, DON M
5 LUNA LANE
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name Don M. Rynn

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

5865 Datil Pepper Rd.

City St. Augustine

FL

Zip Code 32086

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 Don M. Rynn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-03-2001

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 P
NAME RYNN, DON M
STREET ADDRESS 5885 DATIL PEPPER RD.
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: Don M. Rynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-03-2001 904-794-1054

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE