

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013816

1. Entity Name

NISA BOAT CO.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90049 041 ***150.00

Principal Place of Business

Mailing Address

745 SCALLOP DR
CAPE CANAVERAL FL 32953
US

300 ARTEMIS BLVD.
MERRITT ISLAND FL 32953-3179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3430157**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBER, ROBERT A
435 GUS HIPP BLVD.
ROCKLEDGE FL 32955

Name **Huber, Robert A.**
Street Address (P.O. Box Number is Not Acceptable)
300 Artemis Blvd.
City **Merritt Island** FL Zip Code **32953**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robert A. Huber

Robert A. Huber

2-21-00

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, 2000 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 **D** ☐ Delete
NAME **HUBER, ROBERT A**
STREET ADDRESS **435 GUS HIPP BLVD.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** ☒ Change ☐ Addition
NAME **Robert A. Huber**
STREET ADDRESS **300 Artemis Blvd.**
CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **PTSD** ☐ Delete
NAME **VELLUTO, JANE E**
STREET ADDRESS **300 ARTEMIS BLVD**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE **D** ☐ Delete
NAME **HUBER, ROBERT A**
STREET ADDRESS **300 ARTEMIS BLVD**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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

Date

Daytime Phone #

Jane E. Velluto

2-21-00

(321) 452-6357

CR2E034 (9/99)