

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000013816**1. Entity Name
NISA BOAT CO.

Principal Place of Business

745 SCALLOP DR

CAPE CANAVERAL
32953

FL

US

Mailing Address

300 ARTEMIS BLVD.

MERRITT ISLAND
32953

FL

2. Principal Place of Business

1720 SANDPIPER ST.

3. Mailing Address

1720 SANDPIPER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MERRITT ISLAND

FL

City & State

MERRITT ISLAND

FL

Zip
32952Country
USZip
32952

Country

4. FEI Number

59-3430157

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBER ROBERT A
300 ARLEMIS BLVDMERRITT ISLAND
32953

FL

7. Name and Address of New Registered Agent

Name

HUBER ROBERT A

Street Address (P.O. Box Number is Not Acceptable)
1720 SANDPIPER STCity
MERRITT ISLAND

FL

Zip Code
32952

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)

02/28/2001

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	D	<input checked="" type="checkbox"/> Delete
NAME	HUBER ROBERT A	
STREET ADDRESS	300 ARTEMIS BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	PTSD	<input type="checkbox"/> Delete
NAME	VELLUTO JANE E	
STREET ADDRESS	300 ARTEMIS BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBER ROBERT A	
STREET ADDRESS	300 ARTEMIS BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELLUTO JANE E	
STREET ADDRESS	1720 SANDPIPER ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER ROBERT A	
STREET ADDRESS	1720 SANDPIPER ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JANE E. VELLUTO

PTSD

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)