## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **P97000066537** 1. Entity Name -NAUTILUS-TECHNOLOGIES, INC. 04-17-2001 90107 015 \*\*\*150.00 US GLOBAL SOURCES INC. Principal Place of Business Mailing Address 12412 COBBLESTONE OR. 12412 COBBLESTONE DR. **BAYONET POINT FL 34667** BAYONET POINT FL 34667 " **00000£05** , 2. Principal Place of Business 3. Mailing Address P. O. Box 5546 7236 S.R.52 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE Applied For City & State City & State 4. FEI Number 59-3460157 BAYONET POINT BAYONET POINT Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. U.S.A. 34667 **'647** Fee Required 7. Name and Address of New Registered Agent - - -6. Name and Address of Current Registered Agent Name SPOETH, CARL R Street Address (P.O. Box Number is Not Acceptable) 12412 COBBLESTONE DR. **BAYONET POINT FL 34667** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (Śee criteria on back) · Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition □ Delete TITLE TITLE SPOETH, CARL R NAME 12412 COBBLESTONE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BAYONET PT FL 34667 ☐ Addition ☐ Change TITLE ☐ Delete TITLE SPOETH, NAOMI D NAME NAME STREET ADDRESS 12412 COBBLESTONE DR STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP-BAYONET PT FL 34667 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

TITLE NAME

SPOETH

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/10/2001 (727)869-8386

☐ Change

☐ Addition