

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094021

1. Entity Name  
NAUTICAL JEWELRY, INC.



Principal Place of Business  
417 GREEN ST.  
KEY WEST FL 33040

Mailing Address  
417 GREEN ST.  
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0793353

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

ALWANI, V S  
417 GREENE ST  
KEY WEST FL 33040

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE S.T. Alwani / S.T. ALWANI  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE Feb. 25. 03.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ALWANI, V.S.  
STREET ADDRESS 3711 DONALD AVE 1335, 20th TERRACE  
CITY-ST-ZIP KEYWEST FL 33040

TITLE  
NAME  
STREET ADDRESS 1335, 20th TERRACE  
CITY-ST-ZIP

TITLE V  
NAME ALWANI, S.T.  
STREET ADDRESS 3711 DONALD AVE 1335, 20th TERRACE  
CITY-ST-ZIP KEYWEST FL 33040

TITLE  
NAME  
STREET ADDRESS 1335, 20th TERRACE  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 25. 03. 305. 296. 6299  
Date Daytime Phone #

FILED  
Mar 10, 2003 8:00 am  
Secretary of State

03-10-2003 90155 002 \*\*\*150.00



CR2E034 (10/02)