

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040633

1. Entity Name

NAUTIC AND CO. AMERICA, INC.

Principal Place of Business

Mailing Address

15844 ARGYLE DR  
FT LAUDERDALE FL 33312

15844 ARGYLE DR  
FT LAUDERDALE FL 33312

2. Principal Place of Business

850 NE 3rd Street

3. Mailing Address

2641 SW 18 Street

Suite, Apt. #, etc.

Suite 109

Suite, Apt. #, etc.

City & State  
DANIA FL

City & State  
Fort Lauderdale FL

Zip 33004

Country USA

Zip 33312

Country USA

4. FEI Number

65-0833494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENETRIER, ERIC  
1544 ARGYLE DR  
FT LAUDERDALE FL 33312

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 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 PD  
NAME MENETRIER, ERIC  
STREET ADDRESS 1544 ARGYLE DR  
CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 2641 SW 18 ST  
CITY-ST-ZIP Ft Lauderdale FL 33312

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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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:

Eric MENETRIER

04-03-00

954 922 0037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)