

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000047100**

1. Entity Name

ALLNAUTICAL.COM, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90073 011 ***550.00

Principal Place of Business

13050 GANDY BLVD
ST. PETERSBURG FL 33702

Mailing Address

13050 GANDY BLVD
ST. PETERSBURG FL 33702

2. Principal Place of Business

13040 Gandy Blvd
Suite, Apt. #, etc.

3. Mailing Address

13040 Gandy Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St Petersburg, FL
Zip 33702 Country

City & State

St. Petersburg, FL
Zip 33702 Country

4. FEI Number

59-3517992

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CROFT, CLAUDIA L
13060 GANDY BLVD.
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13040 Gandy Blvd

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
CROFT, CLAUDIA L
13060 GANDY BLVD.
ST. PETERSBURG FL 33702TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
CROFT, HAROLD L
13060 GANDY BLVD.
ST. PETERSBURG FL 33702TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
13040 Gandy BlvdTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
13040 Gandy BlvdTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR9/8/00
Date727 577-4518
Daytime Phone #

CR2E034 (5/00)