2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P98000048265 DOCUMENT

NAUTICAL LOGISTICS, INC.



1. Entity Name

Principal Place of Business 2206 ROOSEVELT ST HOLLYWOOD FL 33020

Mailing Address 2206 ROOSEVELT ST HOLLYWOOD FL 33020

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90106 002 ***150.00

90014399

DATE



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For 65-0839219 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

BECKMAN, ALAN 2206 ROOSEVELT STREET HOLLYWOOD FL 33020

7. Name and Address of New Neglistered Agent			
Name			_
Street Address (P.O. Box Number is Not Accep	table)		_
	-		_
City	E1	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

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Addition BECKMAN, ALAN NAME NAME 2206 ROOSEVELT STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP