

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90273 009 ***150.00

DOCUMENT # P98000072319

1. Entity Name

NAUTICAL DESIGNS OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

94076692

2. Principal Place of Business
 2101 S. Andrews Ave.

3. Mailing Address
 2101 S. Andrews Ave.

Suite, Apt. #, etc. Suite 202

Suite, Apt. #, etc. Suite 202

DO NOT WRITE IN THIS SPACE

City & State
 Ft. Lauderdale, FL

City & State
 Ft. Lauderdale, FL

4. FEI Number 65-0861530

Applied For
 Not Applicable

Zip 33316

Country

Zip 33316

Country

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

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7. Name and Address of Current Registered Agent

Name Stromberg, Gunner

Street Address (P.O. Box Number is Not Acceptable)
 2101 S. Andrews Ave. Suite 202

City Ft. Lauderdale FL Zip Code 33316

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE P
 NAME Stromberg, Gunner
 STREET ADDRESS 2101 S. Andrews Ave. #202
 CITY-ST-ZIP Ft. Lauderdale, FL 33316

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: XVP *Annika Stromberg* ANNIEK STROMBERG APRIL 28-04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)