

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000099613

FILED
Apr 25, 2002 8:00 AM
Secretary of State

Entity Name: BLACK BUTTE NAUTILUS, INC.

Current Principal Place of Business:

1899 SOUTHWEST CRANE CREEK AVENUE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 485
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 65-0961284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COON, DONALD M
1899 SW CRANE CREEK AVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COON, DONALD M
Address: 1899 SOUTHWEST CRANE CREEK AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: VD () Delete
Name: CHIMIENTI, DAVID W
Address: 1899 SOUTHWEST CRANE CREEK AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: VD () Delete
Name: CHIMIENTI, VALERIE H
Address: 1899 SOUTHWEST CRANE CREEK AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: COON, ANNA M
Address: 1899 SOUTHWEST CRANE CREEK AVENUE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: COON, ANNA MARIE
Address: 1899 SOUTHWEST CRANE CREEK AVENUE
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA MARIE COON

SD

04/25/2002

Electronic Signature of Signing Officer or Director

Date