2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 455617

SAILING SERVICES, INC.

80 N W 73RD STREET MIAMI FL 33150

Principal Place of Business

Mailing Address

80 N W 73RD STREET MIAMI FL 33150-3504

Apr 13, 2000 8:00 am Secretary of State

04-13-2000 90027 005 ***150.00



2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. 4. FEI Number Applied For City & State City & State 59-1594774 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BROOKS, PAUL JONES** Street Address (P.O. Box Number is Not Acceptable) 80 N W 73RD STREET **MIAMI FL 33150** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE **BROOKS, PAUL JONES** NAME NAME STREET ADDRESS 80 N W 73RD STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33150** CITY-ST-ZIP ☐ Change ■ Addition □ Delete TITLE SADLER, MARSHA NAME STREET ADDRESS STREET ADDRESS 80 N W 73RD STREET CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33150** Change Addition ☐ Delete TITLE TITLE NAME KEARNS;-JOHN W- -----NAME STREET ADDRESS STREET ADDRESS 80 N W 73RD STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33150** ☐ Defete TITLE DAVID WEIR BONW 73 MEST. MIAMI, FL 33150 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

BROOKE PAUL JUNES