

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 455617

1. Entity Name  
SAILING SERVICES, INC.

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90017 031 \*\*\*150.00

Principal Place of Business

80 N W 73RD STREET  
MIAMI FL 33150  
US

Mailing Address

80 N W 73RD STREET  
MIAMI FL 33150  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1594774

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, PAUL JONES  
80 N W 73RD STREET  
MIAMI FL 33150

Name

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

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME

PD  
JONES, BROOKS P  
80 N W 73RD STREET  
MIAMI FL 33150

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

V  
SADLER, MARSHA  
80 N W 73RD STREET  
MIAMI FL 33150

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

T  
KEARNS, JOHN W  
80 N W 73RD STREET  
MIAMI FL 33150

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

V  
WEIR, DAVID  
80 NW 73 RD STREET  
MIAMI FL 33150

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

JONES, BROOKS P  
↑  
LAST NAME

☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
NAME

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Paul Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 305 750-1074  
CELL 305 632-0298

CR2E034 (9/01)