

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91104 013 \*\*\*150.00

**DOCUMENT # 606908**

1. Entity Name  
**EL GALEON BY THE SEA, INC.**

Principal Place of Business  
**1770 GULF BLVD.  
ENGLEWOOD FL 34223**

Mailing Address  
**1770 GULF BLVD.  
ENGLEWOOD FL 34223**

2. Principal Place of Business  
Suite, Apt. #, etc.  
**1765 GULF BLVD.**

3. Mailing Address  
**3455-B So. McCall Rd**  
Suite, Apt. #, etc.

City & State  
**ENGLEWOOD, FL.**

4. FEI Number  
**59-2070881**

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

Zip **34224** Country **USA**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
**DICKINSON, ROBERT A. ESQ.  
460 S. INDIANA AVE.  
ENGLEWOOD FL 34223**

**7. Name and Address of New Registered Agent**  
Name **JOHANNA DEPALMA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3455-B So. McCall Rd.**  
City **ENGLEWOOD, FL.** Zip Code **34224**

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 *Johanna DePalma* **JOHANNA DEPALMA, Secy./TREAS.** DATE **3/14/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GENTH, RICHARD 1840 GULF BLVD. ENGLEWOOD FL 34223</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP GENTH, LAVONNE 1840 GULF BLVD ENGLEWOOD FL 34223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DEPALMA, JOHANNA 1765 GULF BLVD ENGLEWOOD FL 34223</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3455-B So. McCall Rd. ENGLEWOOD, FL. 34224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Johanna DePalma* **JOHANNA DEPALMA** DATE **3/14/03** 944-474-2709  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)