

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004184

1. Entity Name

SAILFISH SQUARES INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90216 009 ****61.25

Principal Place of Business

Mailing Address

56 AQUA RA DRIVE
JENSEN BEACH FL 34957

56 AQUA RA DRIVE
JENSEN BEACH FL 34957-2622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

COUTURE, CAROLE A
56 AQUA RA DRIVE
JENSEN BEACH FL 34957

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

Carole A. Couture
(NOTE: Registered Agent signature required when reinstating)

3/26/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRADLEY, PATRICK
3585 SW SAVAGE ST
PALM CITY FL 34990

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
TALLMEN, MARK
9272 DUNCAN ST.
HOBE SOUND FL 33455

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
COUTURE, CAROLE
56 AQUE RA DRIVE
JENSEN BEACH FL 34957

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
T
SILVERBLATT, MARGIE
1225 NW 21ST ST APT 714
STUART FL 34994

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 283-1995
Date Daytime Phone #

CR2E037 (9/99)