## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P00000117473 SAILFISH REAL ESTATE INVESTMENTS INCORPORATED 04-20-2001 90172 002 \*\*\*150 00 Principal Place of Business Mailing Address 323 NW 36TH AVE 323 NW 36TH AVE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 662 Dixie 662 Dixie Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. STACKS, DONALD E JR Street Address (P.O. Box Number is Not Acceptable) 323 NW 36TH AVE **DEERFIELD BEACH FL 33442** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITI F D NAME NAME STACKS, DONALD E JR STREET ADDRESS STREET ADDRESS **323 NW 36TH AVE** CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4/10/01

Daytime Phone #