

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

06/2011 AV

**DOCUMENT # P93000029792**

1. Entity Name  
**PIRATES COVE YACHT BASIN, INC.**



03-24-2003 90647 022 \*\*\*158.75

Principal Place of Business  
**4307 S.E. BAYVIEW ST.  
STUART FL 34997  
US**

Mailing Address  
**4307 SE BAYVIEW STREET  
STUART FL 34997  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0410856**

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

**KOPELOWITZ, HARVEY  
7251 WEST PALMETTO PARK ROAD., #301  
BOCA RATON FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**PD  
HIDETAKA, IIJIMA  
155 N. HARBOR DRIVE #1611  
CHICAGO IL 60601**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P/D  
HIDETAKA IIJIMA  
155 N. Harbor Drive #1611  
Chicago, Illinois 60601**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VD  
YOSHIO, HATTORI  
1-8-5 KAMICHUJO  
IBARAKI, OSAKA, JAPAN 567-0-81**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S/D  
Maureen Hanlon  
112 Wentworth St.  
Dedham, Mass 02026**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VS  
GUERTIN, GARY  
4276 SE PALMETTO ST.  
STUART FL 34997**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V/D  
Gary Guertin  
4276 SE Palmetto St.  
Stuart, Florida 34997**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T  
SURREARER-LENINER, SHARON  
4048 N. CLARK STREET  
CHICAGO IL 60613**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T/D  
Robin L. Meehan  
2924 SE Morningside Blvd.  
Port St. Lucie, FL 34952**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 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: Robin L. Meehan **ROBIN L. MEEHAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03 (772) 287-2358

Date

Daytime Phone #

CR2E034 (10/02)