AMENDED

FILED

03 SEP 19 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029792

1. Entity Name
PIRATES COVE YACHT BASIN, INC.

Principal Place of Business	Mailing Address
4307 S.E. BAYVIEW ST. STUART, FL 34997 US	4307 SE BAYVIEW STREET STUART, FL 34997 US

☐ CHECK HERE IF MAKING CHANGES

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 65-0410856 ☐ 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
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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1st 2003 Fee will be $550.00
Amended UBR is $61.25
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 KATOH, TATSUO 10 ARNOLD ROAD, #12 NORTH QUINCY, MA 02171 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HANLON, MAUREEN 112 WENTWORTH STREET DEDHAM, MA 02026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500023197675 09/19/03--01087--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUERTIN, GARY 4276 SE PALMETTO ST. STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MEEHAN, ROBIN L 2924 SE MORNINGSIDE BLVD PORT SAINT LUCIE, FL 34952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MEEHAN, ROBIN L 2924 MORNINGSIDE BLVD PORT SAINT 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	TS ☐ Change ☐ Addition

CR2E034 (10/02)

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 9/17/03 772-287-2358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #