

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90073 026 ***150.00

DOCUMENT # P93000073426

1. Entity Name
DALE YACHTS, INC.



Principal Place of Business
**757 SE 17TH ST
SUITE 208
FT LAUDERDALE FL 33316
US**

Mailing Address
**757 SE 17TH ST
SUITE 208
FT LAUDERDALE FL 33316
US**

2. Principal Place of Business
30923 BAYSHORE DR
Suite, Apt. #, etc.

3. Mailing Address
30923 BAYSHORE DR
Suite, Apt. #, etc.

City & State
BIG PINE KEY, FL.

City & State
BIG PINE KEY, FL

Zip
33043

Country
MONROE

Zip
33043

Country
MONROE



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0443106**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MAASS, JOHN A
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

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 signature required when reinstating)

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	DPST	<input type="checkbox"/> Delete
NAME	PETROSKY, JOHN D	
STREET ADDRESS	23915 JEFFERSON	
CITY-ST-ZIP	ST CLAIR SHORES MI	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MAASS, ROBB R.	
STREET ADDRESS	321 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *John D. Petrosky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JAN, 2003 566-7767307
Date Daytime Phone #

CR2E034 (10/02)