

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90031 045 ***150.00

0366378 AV

DOCUMENT # P97000013109

1. Entity Name

SAWFISH BAY LAND CO., INC.

Principal Place of Business
275 E OAKLAND PARK BLVD
OAKLAND PRK FL 33334
US

Mailing Address
P.O. BOX 31358
PALM BEACH GARDENS FL 33420
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0741396

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

CRUCE, LINDA
3652 N ANDREWS AVENUE
FORT LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	CRUCE, LINDA	
STREET ADDRESS	3652 N ANDREWS AVENUE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> Delete
NAME	PALMIERI, LISA	
STREET ADDRESS	3652 N ANDREWS AVENUE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33309	
TITLE	VPA	<input type="checkbox"/> Delete
NAME	BLOCK, MICHAEL	
STREET ADDRESS	3652 N ANDREWS AVENUE	
CITY - ST - ZIP	FORT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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:

Linda Cruce
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/02

561-743-3227

CR2E034 (9/01)