

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90326 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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
**PO BOX 2329
JUPITER, FL 33468 US**

2. Principal Place of Business
341 Old Jupiter Beach Rd
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2339
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Jupiter, FL
Zip
33477

Country
USA

City & State
Jupiter, FL
Zip
33468

Country
USA

4. FEI Number
65-0741396

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CRUCE, LINDA
3652 N ANDREWS AVENUE
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

341 Old Jupiter Beach Road

City

Jupiter

FL

Zip Code

33477

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 resigning)

DATE

FILE MOVING FEE IS \$150.00
After May 1, 2003 Fee will be \$500.00
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

TITLE **VP** ☐ Delete
NAME **CRUCE, LINDA**
STREET ADDRESS **3652 N ANDREWS AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **P** ☒ Delete
NAME **PALMIERI, LISA**
STREET ADDRESS **3652 N ANDREWS AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE **VPA** ☒ Delete
NAME **BLOCK, MICHAEL**
STREET ADDRESS **3652 N ANDREWS AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **341 Old Jupiter Beach Road**
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE ☐ Change ☒ Addition
NAME **Bud Palmieri**
STREET ADDRESS **341 Old Jupiter Beach Road**
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)