

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90198 004 \*\*\*150.00

**DOCUMENT # P98000106965**

1. Entity Name  
**SAILFISH MARINA, INC.**



Principal Place of Business  
**505 S FLAGLER DR  
STE 1450  
W PALM BCH FL 33401**

Mailing Address  
**505 S FLAGLER DR  
STE 1450  
W PALM BCH FL 33401**



2. Principal Place of Business  
**98 Lake Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 10848**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Palm Beach Shores FL 33404**  
Zip  
**33404**  
Country  
**USA**

City & State  
**Riviera Beach FL**  
Zip  
**33404**  
Country  
**USA**

4. FEI Number **59-1740235** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHAUNCEY, HARRISON K JR.  
241 BRADLEY PLACE  
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 \_\_\_\_\_ (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**

TITLE ☐ Delete  
NAME **DPT MURRAY, DICKRON E**  
STREET ADDRESS **505 S. FLAGLER DRIVE SUITE 1450**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete  
NAME **DC DREYFOOS, ALEXANDER W**  
STREET ADDRESS **505 S FLAGLER DR STE 1450**  
CITY-ST-ZIP **WPBCH FL 33401**

TITLE ☐ Delete  
NAME **DS CHAUNCEY, HARRISON K JR**  
STREET ADDRESS **241 BRADLEY PLACE**  
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE ☐ Delete  
NAME **DVS DREYFOOS, RENATE E**  
STREET ADDRESS **505 S FLAGLER DRIVE, SUITE 1450**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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 **98 Lake drive**  
CITY-ST-ZIP **Palm Beach Shores FL 33404**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **98 Lake drive**  
CITY-ST-ZIP **Palm Beach Shores FL 33404**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **98 Lake drive**  
CITY-ST-ZIP **Palm Beach Shores FL 33404**

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 #

**1/24/03**

CR2E034 (10/02)