2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State
01-21-2000 90109 031 ***150.00

DOCUMENT # L11134

1. Entity Name
C. K. DOCKSIDE SERVICES, INC.

Principal Place of Business	Mailing Address
223 NE 114 ST. MIAMI FL 33161	223 NE 114 ST. MIAMI FL 33161-6611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Mobile Yacht Repair		23317 SW 55 ave	
Suite, Apt. #, etc. 223 NE 114 St.		Suite, Apt. #, etc. A	
City & State Miami Fl		City & State Boca Raton	
Zip 33161	Country Dade	Zip 33433	Country Palm Bach

4. FEI Number 65-0158804 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOBLITZ, CRAIG A
223 NE 114 ST.
MIAMI FL 33161

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.

SIGNATURE Craig Koblitz Craig Koblitz 1-12-00
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, 2000 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	PT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KOBLITZ, CRAIG A		NAME	
STREET ADDRESS	223 NE 114 ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP	
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KOBLITZ, VIC E		NAME	
STREET ADDRESS	223 NE 114 ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: Craig Koblitz REQUIRED Craig Koblitz 1-12-00 305-606-7850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #