


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L1134	
1. Entity Name Cok Dockside Service Inc	

FILED
05-09-2006 90083 043 ***150:00
06 JUN 15 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40089893

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Mobile Yacht Repair		3. Mailing Address 6141 NW 80th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Parkland Fl	
Zip	Country	Zip	Country
		33067	Broward

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Craig Koblitz Street Address (P.O. Box Number is Not Acceptable) 6141 NW 80th Terrace City Parkland State FL Zip Code 33067		

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  **Craig Koblitz** DATE **5-1-06**
(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	President Craig Koblitz 6141 NW 80th Terrace Parkland Fl 33067	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Vic Koblitz 223 NE 7th St Miami Fl 33067	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Craig Koblitz** Date **5/1/06** Daytime Phone **954-254-0263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR