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

## P0000006914 **DOCUMENT #**

1. Entity Name

DRY DOCK INVESTMENTS, INC.



**FILED** Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90098 048 \*\*\*150.00

				Too We start			
Principal Place of Business 639 EAST OCEAN AVENUE SUITE 408 BOYNTON BEACH FL 33435		Mailing Address 639 EAST OCEAN AVENUE SUITE 408 BOYNTON BEACH FL 33435				J <b>i i</b> i i i i i i i i i i i i i i i i i	<b>2</b> 1 J. <b>0</b> 11 <b>J.10</b> 1 1001
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0996858		Applied For
Zip	Country	Zip	Cou	untry	5. Certificate of Status Desired	\$8.75 Ac	dditional
	6. Name and Address of Current I	Registered Agent-	e talendar		_7. Name and Address of New Registered		
WOOLEN				Name	"		
639 EAS	', Thomas J esq. T ocean avenue			Street Address (	(P.O. Box Number is Not Acceptable)		
SUITE 40							
BOYNTO	N BEACH FL 33435		•	City	FI	Zip Cod	de
8. The above	e named entity submits this statement for	the purpose of char	nging its registe	red office or register	red agent, or both, in the State of Florida. I am	- 1	and accept
the obliga	tions of registered agent.				read agenty of boar, with botate of Florida. Fam	racinital With	, апо ассері
SIGNATURE							
`•	Signature, typed or printed name of registered agent at	nd title if applicable.	(NOTE: Register	ed Agent signature required	d when reinstating) DATE		
F	ILE NOW!!! FEE IS \$150.00		*· <u> </u>	***			
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			S. Election Campaign Financing     Trust Fund Contribution.	\$5.0 □ Adde	<b>00</b> May Be d to Fees
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
TITLE	D	☐ Deli	ete TITL	LE		☐ Change	Addition
IAME	WOOLLEY, THOMAS J JR.		NAN	··-		_ •	_
TREET ADDRESS	639 EAST OCEAN AVENUE SUITE BOYNTON BEACH FL 33435	: 408		EET ADDRESS			
	BOTHTON BEACH FL 33435		CITY	Y-ST-ZIP			
ITLE IAME		☐ Dele	·-	l	·	☐ Change	☐ Addition
Treet address			NAM	l l			
ITY-ST-ZIP	·			EET ADDRESS (-ST-ZIP			
ITLE				<del></del>			
AME		□ Dele	te TITL	[ · ·	Andrew Control of the	Change	☐ Addition
TREET ADDRESS				EET ADDRESS			
ITY-ST-ZIP				'-ST-ZIP			Ì
ITLE		☐ Dete				☐ Change	☐ Addition
AME		_ 2500	NAM	I		- Guange	☐ Working
IREET ADDRESS			STRE	EET ADDRESS			
ITY-ST-ZIP	 		CITY	-ST-ZIP			
TLE		☐ Dele	te TITLE	E		☐ Change	Addition
AME			NAM	E			
REET ADDRESS	•		STRE	ET ADDRESS			
TY-ST-ZIP		·	CITY	-ST-ZIP			ĺ
TLE		☐ Delet	te TITLE			☐ Change	Addition
AME			NAMI				
REET ADDRESS		•	STRE	ET ADDRESS			

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: \_\_

SICKATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #