

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR 22 PM 4:08

DOCUMENT # P01000105254

1. Entity Name The Dockside Galley Grille, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

KH

2002 UBR

2. Principal Place of Business

2841 Marina Circle

Suite, Apt. #, etc.

3. Mailing Address

2841 Marina Circle

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Lighthouse Point, FL

4. FEI Number

30-0053646

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Michael F. Kridlow

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

2841 Marina Circle

City

Lighthouse Point

FL

Zip Code

33064

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and use if applicable

Michael F. Kridlow

(NOTE: Registered Agent signature required when reinstating)

March 20, 2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P/S/D

Michael F. Kridlow

2841 Marina Circle

Lighthouse Point, FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000005180690--9

-04/01/02--01084--030

*****150.00 *****150.00

TITLE
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*****8.75 *****8.75

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F. Kridlow 3/20/02 (954) 772-6377

Date

Daytime Phone #

CR2E034B (12/01)