

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91764 012 \*\*\*150.00

DOCUMENT # P02000009406

1. Entity Name

DOCKSIDE INVESTMENTS, INC.



Principal Place of Business

1500 STONEBRIAR RD. 1872 Wentworth  
GREEN COVE SPRINGS FL 32043

Mailing Address

P.O. Box 1825  
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

3. Mailing Address

1872 Wentworth Lane

P.O. Box 1825

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GREEN COVE SPRINGS FL

GREEN COVE SPRINGS FL

City & State

City & State

Zip

Country

32043

US

Zip

Country

32043

US

4. FEI Number

03-0397628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, DOLF

1500 STONEBRIAR RD.

GREEN COVE SPRINGS FL 32043

1872 Wentworth Lane

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete

NAME JAMES, DOLF  
STREET ADDRESS 1500 STONEBRIAR RD.  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE VS ☐ Delete

NAME ARNOLD, ROSALIND  
STREET ADDRESS 1500 STONEBRIAR RD.  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE T ☐ Delete

NAME JAMES, ANNA  
STREET ADDRESS 1500 STONEBRIAR RD.  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME P.O. Box 1825  
STREET ADDRESS GREEN COVE SPRINGS, FL 32043  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME P.O. Box 1825  
STREET ADDRESS GREEN COVE SPRINGS, FL 32043  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME P.O. Box 1825  
STREET ADDRESS GREEN COVE SPRINGS, FL 32043  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03 904-284-2598

CR2E034 (10/02)