

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90137 008 \*\*\*150.00

**DOCUMENT # P02000083359**

1. Entity Name  
**BOATWORX SERVICES, INC.**



Principal Place of Business  
**1323 SOUTHEAST 17TH STREET  
SUITE #154  
FORT LAUDERDALE FL 33316**

Mailing Address  
**1323 SOUTHEAST 17TH STREET  
SUITE #154  
FORT LAUDERDALE FL 33316**



2. Principal Place of Business  
**1323 S.E 17<sup>th</sup> ST**

3. Mailing Address  
**1323 S.E 17<sup>th</sup> ST**

Suite, Apt. #, etc.  
**SUITE # 302**

Suite, Apt. #, etc.  
**SUITE # 302**

City & State  
**FT. LAUDERDALE FL**

City & State  
**FT. LAUDERDALE FL**

Zip  
**33316**

Country  
**BRUNARD**

Zip  
**33316**

Country  
**BRUNARD**

4. FEI Number  
**02-0635522**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD  
CRONJE, STEPHEN MARK  
1323 SOUTHEAST 17TH STREET  
FORT LAUDERDALE FL 33316** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CRONJE, JANICE  
1323 SOUTHEAST 17TH STREET  
FORT LAUDERDALE FL 33316** ☐ Delete

TITLE  
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☐ Change ☐ Addition

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

**2/17/2003**

Date

**954 557 3794**

Daytime Phone #

CR2E034 (10/02)