

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90071 013 ***150.00

DOCUMENT # P02000104552

1. Entity Name
DOCKSIDE MARINE MAINTENANCE, INC.



Principal Place of Business
**7393 E COUNTRY CLUB BLVD
BOCA RATON FL 33487**

Mailing Address
**7393 E COUNTRY CLUB BLVD
BOCA RATON FL 33487**

90071638



2. Principal Place of Business

700 N.E. 42ND ST.

3. Mailing Address

700 N.E. 42ND ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E

E

City & State
POMPANO BEACH, FLORIDA

City & State
POMPANO BEACH, FLORIDA

Zip Country
33064 U.S.A.

Zip Country
33064 U.S.A.

4. FEI Number
32-0045080

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

**DEMARCO, ROMERO C
7393 E COUNTRY CLUB BLVD
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name
ROMERO C. DEMARCO

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

700 N.E. 42ND ST.

City
POMPANO BEACH

FL

Zip Code
33064

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

(NOTE: Registered Agent signature required when reinstating)

3/1/03
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPTS
ROMERO C. DEMARCO
700 N.E. 42ND ST.
POMPANO BEACH, FL. 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03
Date

Daytime Phone #

CR2E034 (10/02)