

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90024 003 \*\*\*150.00

DOCUMENT # P93000045938

1. Entity Name

GULFIDE DOCKS & LIFTS, INC.

653226



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

N. COLLIER BLVD

233

ISLAND FL 34145

P.O. BOX 2488

MARCO ISLAND FL 34146-2488

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0413605

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WIERBACK, EDWARD J JR  
1323 DERBYSHARE CT #A-202  
NAPLES FL 33999

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$650.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

D  
WIERBACK, EDWARD J JR  
1323 DERBYSHARE CT #A-202  
NAPLES FL 33999

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
of Address

1899 Sheffield Ave.  
MARCO ISLAND, FL 34145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

V  
WIERBACK, NINA A  
205 N. COLLIER BLVD STE 233  
MARCO ISLAND FL 34145

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Wierback*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

941-389-4885

Daytime Phone #

CR2E034 (9/99)