## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P93000045938 1. Entity Name GULFSIDE DOCKS & LIFTS, INC. 4-13-2001 90092 035 \*\*\*150.00 Principal Place of Business Mailing Address 1899 Sheffield 205 N. COLIER BLVD. P.O. BOX 2488 STE 233-MARCO ISLAND FL 34146-2488 00036416 MARCO ISLAND FL 34145 MARCO ISLANDIFY US 34145 2. Principal Place of Business 3. Mailing Address 1899 Sheffield Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MARCO Island, F. City & State City & State Applied For 4. FEI Number 65-0413605 34145-Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIERBACK, EDWARD J JR Street Address (P.O. Box Number is Not Acceptable) 1899 Sheffield AVC. -1323 DERBYSHARE CT #A-202 NAPLES FL 33999 MARCO Island 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE NAME NAME WIERBACK, EDWARD J JR STREET ADDRESS STREET ADDRESS 1899 SHEFFIELD AVE CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 Delete TITLE ☐ Addition TITLE WIERBACK, NINA A NAME NAME WIERBACK, NINA A STREET ADDRESS 1899 Shefflad Ave. STREET ADDRESS 205 N. COLLIER BLVD STE 233 CITY-ST-ZIP CITY-ST-ZIP MAREO ISLAND FI 34145 MARCO ISLAND FL 34145 ☐ Change Addition Detete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME

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 of 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 of 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7/P

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

NiNA A. WIERBACK 4-5-01 941-389-4002

☐ Change

☐ Addition