

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025672

1. Entity Name

BOAT-SIDE-SERVICES, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90053 041 \*\*\*158.75

Principal Place of Business

757 S E 17 STREET STE 319  
FT LAUDERDALE FL 33316

Mailing Address

757 S E 17 STREET STE 319  
FT LAUDERDALE FL 33316-2960

00005009

2. Principal Place of Business

3001 W STATE RD 84

3. Mailing Address

3001 W STATE RD 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL 33312

City & State

FORT LAUDERDALE 33312

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

65-0736738

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

LEFFLER, CHARLES E  
757 S E 17 STREET STE 319  
FT LAUDERDALE FL 33316

Name

C.E. LEFFLER

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

BOATSIDE SUITE

3001 W STATE RD 84

City

FORT LAUDERDALE FL

Zip Code

33312

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

C.E. Leffler PRESIDENT

1/8/99

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 \$550.00**  
**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	VP	<input checked="" type="checkbox"/> Delete
NAME	THORNBURG, BRYAN D	
STREET ADDRESS	2658 NOB HILL RD	
CITY-ST-ZIP	SUNRISE FL 33316	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUDJARNOTTIR, SIGNY	
STREET ADDRESS	64 USKE IB VENICE	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	LEFFLER, CHARLES E	
STREET ADDRESS	64 ISLE ON VENICE	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB WILKMAN	
STREET ADDRESS	3001 W STATE RD 84	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUDJARNOTTIR, SIGNY	
STREET ADDRESS	3710 NE 28TH AVE	
CITY-ST-ZIP	LIGHT HOUSE POINT FL 33064	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFFLER, CHARLES E	
STREET ADDRESS	3710 NE 28TH AVE	
CITY-ST-ZIP	LIGHT HOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99 954-791-3700