2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000025672

Entity Name: BOAT-SIDE-SERVICES, INC.

LEFFLER, CHARLES E

2311 NE 48TH STREET

LIGHTHOUSE, FL 33064

Name:

Address: City-St-Zip: FILED Mar 28, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 757 SE 17TH STREET, SUITE 319 FORT LAUDERDALE, FL 33316 **Current Mailing Address: New Mailing Address:** 757 SE 17TH STREET, SUITE 319 FORT LAUDERDALE, FL 33316 FEI Number: 65-0736738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEFFLER, CHARLES E 757 SE 17TH STREET, SUITE 319 FORT LAUDERDALE, FL 33316 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WICKMAN, BOB Name: Name: 3001 W STATE RD 84 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition GUDJARNOTTIR, SIGNY Name: Name: 2311 NE 48TH STREET Address: Address: LIGHTHOUDE PT, FL 33064 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: C. E. LEFFLER PRES 03/28/2003