

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050784

1. Entity Name

INTERNATIONAL BOAT-SIDE-SERVICES, INC.

Principal Place of Business

Mailing Address

3001 SR 84  
FT. LAUDERDALE FL 33312  
US

3001 SR 84  
FT. LAUDERDALE FL 33312  
US

FILED

00 JAN 21 PM 3: 39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3001 W STATE RD 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KONT LAUDERDALE FL

City & State

4. FEI Number

65-0765517

Applied For

Not Applicable

Zip

Country

Zip

Country

33312

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  
757 SE 17 ST., STE. 319  
FT. LAUDERDALE FL 33316

Name

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

3001 W STATE RD 84

City KONT 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

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 P  
NAME THORNBURG, BRYAN D  
STREET ADDRESS 2658 NOB HILL RD  
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE VP  
NAME ROBERT WILKMAN  
STREET ADDRESS 3001 W. State Rd 84  
CITY-ST-ZIP Ft. Lauderdale, 33312 ☐ Change ☒ Addition

TITLE VP  
NAME GUDIO-SDAFLIR, SIGNY  
STREET ADDRESS 64 ISLE ON VENICE  
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE VP  
NAME Gudio-SDaflir, Signy  
STREET ADDRESS 3710 NE 28th Ave  
CITY-ST-ZIP Lighthouse Pt. 33064 ☒ Change ☐ Addition

TITLE VP  
NAME LERHAN, CHARLE R  
STREET ADDRESS 64 ISLE ON VENICE  
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE PRESIDENT  
NAME C.E. LEFFLER  
STREET ADDRESS 3710 NE 28th Ave  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33304 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 600003118346-4  
-02/01/00--01064--020  
\*\*\*\*158.75 \*\*\*\*158.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-791

3700