

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102631

1. Entity Name

DOCKSIDE MARINE SERVICES OF S.W. FLORIDA, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90027 045 ***150.00

Principal Place of Business

9597 CRESENT GARDEN DRIVE
#201
NAPLES FL 34109

Mailing Address

9597 CRESENT GARDEN DRIVE
#201
NAPLES FL 34109-4545

LUUU3300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3573 ENTERPRISE AVE

3. Mailing Address

3573 ENTERPRISE AVE

Suite, Apt. #, etc.

#96

Suite, Apt. #, etc.

#96

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3546074

Applied For

Not Applicable

Zip

34104

Country

Zip

34104

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERGEANT, STEPHEN
9597 CRESENT GARDEN DRIVE
#201
NAPLES FL 34109

7. Name and Address of New Registered Agent

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 \$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

TITLE D ☐ Delete

NAME SERGEANT, STEPHEN
STREET ADDRESS 9597 CRESENT GARDEN DRIVE, #201
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ Delete

NAME KRILL, CHRIS
STREET ADDRESS 9597 CRESENT GARDEN DRIVE, #201
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

Stephen V. Sergeant STEPHEN V. SERGEANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/00

Daytime Phone #

(941) 253-9960

CR2E034 (9/99)