

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049764

1. Entity Name

DOCKSIDENET.COM, INC.

Principal Place of Business

9700 SO. DIXIE HWY.,STE.900
MIAMI FL 33156

Mailing Address

9700 SO. DIXIE HWY.,STE.900
MIAMI FL 33156

2. Principal Place of Business

11750 S.W. 95th Ave

3. Mailing Address

11750 S.W. 95th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0924414

Applied For

Not Applicable

Zip 33176-4251

Country U.S.A.

Zip 33176-4251

Country U.S.A.

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

GREENBERG, JEFFREY M
9700 SO. DIXIE HWY.,STE.900
MIAMI FL 33156

Name William Bagwell

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

11750 S.W. 95th Ave.

City Miami

FL Zip Code 33176-4251

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

01-17-01

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, 2001 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 D
NAME GREENBERG, JEFFREY M
STREET ADDRESS 9700 SO. DIXIE HWY.,STE.900
CITY-ST-ZIP MIAMI FL 33156

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D William Bagwell
11750 S.W. 95th Ave.
Miami FL 33176-4251

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Change Addition

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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

William Bagwell 1-17-01 (800)817-0454

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)