

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # K45743**

1. Entity Name

**CUSTOM MARINE WOODWORK BY EVERETT J. BENZ, INC.**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90112 039 \*\*\*150.00

Principal Place of Business

Mailing Address

1310 S. KILLIAN DR.  
#108  
LAKE PARK FL 33403

1310 S. KILLIAN DR.  
#108  
LAKE PARK FL 33403-1928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0082798**

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

**BENZ, EVERETT J**  
**17679 103RD TERR**  
**JUP FL 33478**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENZ, EVERETT J.	
STREET ADDRESS	17679 103RD TERRACE	
CITY-ST-ZIP	JUPITER FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENZ, SUSAN D.	
STREET ADDRESS	17679 103RD TERRACE	
CITY-ST-ZIP	JUPITER FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BENZ, ALAN	
STREET ADDRESS	4361 SE VILLAGE RD	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BENZ, ALAN	
STREET ADDRESS	3474 SW PUMPKIN ST	
CITY-ST-ZIP	PT ST LUCIE FL 34593	
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"/> 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		
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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Everett J. Benz*  
4/26/00 561-848  
5337  
Date Daytime Phone #

CR2E034 (9/99)