

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 25, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90096 013 \*\*\*150.00

DOCUMENT # **K45743**

1. Entity Name

**Custom Marine Woodwork By  
Everett J. Benz**



**DO NOT WRITE IN THIS SPACE**

**10110484**

2. Principal Place of Business

3. Mailing Address

**1310 S. Killian Dr**

Suite, Apt. #, etc.

**Suite 108**

City & State

**Lake Park FL**

Zip

**33403**

Country

**USA**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0082798**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Everett J. Benz**

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

**17679 103rd Terrace**

City

**Jup**

FL

**33478**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**President  
Everett J. Benz  
17679 103rd Terr  
Jup FL 33478**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Secretary  
Susan D. Benz  
17679 103rd Terr  
Jup FL 33478**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Vice Pres.  
Brian Carr  
1310 S. Killian Dr. Suite 108  
Lake Park FL 33403**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 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 #

CR2E034B (12/02)

Attachment

7-21-03

10110484  
# K45743

To Whom It May Concern,

As per our phone  
conversation — I've filled out form  
and enclosing \$150.00 filling fee  
(that I received from you)  
If I've not received the previous  
form.

Thank you

Jason A. Bear  
Sec.