

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002080

1. Entity Name

DOCK-IT OF OKEECHOBEE, INC.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90084 001 ****61.25

Principal Place of Business

Mailing Address

13801 SE HWY 441, BOX 75 126
OKEECHOBEE FL 34974

13801 SE HWY 441, BOX 75-126
OKEECHOBEE FL 34974

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

NOT APPLICABLE

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

BAKER, DONAVON
13801 SE HWY 441, BOX 75-126
OKEECHOBEE FL 34974

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BAKER, DONAVON
STREET ADDRESS 9350 LAKE AVE S
CITY-ST-ZIP SPICER MN 56288 ☐ Delete

TITLE Mr. & Mrs. Ronald L. Tosti
NAME PO Box 59
STREET ADDRESS Alcoa, WY 82620-0059 ☒ Delete

TITLE D
NAME HINERMAN, MAX
STREET ADDRESS RT 4, BOX 117 E
CITY-ST-ZIP CLARKSBURG WV 26301 ☐ Delete

TITLE D
NAME NELSON, HAROLD
STREET ADDRESS RT 1, BOX 395
CITY-ST-ZIP CALIFORNIA KY 41007-9400 ☐ Delete

TITLE D
NAME EDMUNDS, FRED
STREET ADDRESS 7088 MUTTON HILL RD.
CITY-ST-ZIP AUBURN NY 13-0212 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02 320-235-2351

Date

Daytime Phone #

CR2E037 (9/01)