

FILED  
Jul 14, 2003 8:00 am  
Secretary of State

07-14-2003 90329 021 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000027755

1. Entity Name  
**DOCKMASTER MARINE INC.**



Principal Place of Business  
151 S. CLAYTON ST.  
MT. DORA, FL 32757

Mailing Address  
151 S. CLAYTON ST.  
MT. DORA, FL 32757

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  
**59-3704602**

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

SCHULTZ, ROBERT  
151 S. CLAYTON ST.  
MT. DORA, FL 32757

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. 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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SCHULTZ, ROBERT  
STREET ADDRESS 151 S. CLAYTON ST  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE Officer/Director ☐ Change ☒ Addition  
NAME Button, William  
STREET ADDRESS 32803 Scenic Hills Dr  
CITY-ST-ZIP Mount Dora, FL 32757

TITLE VP ☐ Delete  
NAME SCHULTZ, UNA  
STREET ADDRESS 151 S CLAYTON ST  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE Officer/Director ☐ Change ☒ Addition  
NAME Button, Janice  
STREET ADDRESS 32803 Scenic Hills Dr  
CITY-ST-ZIP Mount Dora, FL 32757

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #

**TRANSMITTAL LETTER**

Corp. Annual Reports & Reinstatements  
Division of Corporations  
P O BOX 6327  
Tallahassee, FL 32314

10169930  
PO1000027755

SUBJECT: DOCKMASTER MARINE, INC

Dear Sir or Madam:

Please find enclosed for filing the current year Uniform Business Report. Enclosed is a check in the amount of \$ 150.00 made payable to: Florida Department of State for the filing fee. The original form was never mailed or received. Please do not charge a late filing fee.

Yours Sincerely,



Please return to: DOCKMASTER MARINE, INC  
151 S CLAYTON STREET  
MT DORA, FL 32757