


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

FILED

03 OCT 15 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PG8 000 10338	
1. Entity Name Custom Docks by Seamaster, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 215 Leisley Road		3. Mailing Address P.O. Box 949	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Apollo Beach, Fl.		City & State Huskin, Fl.	
Zip 33572	Country	Zip 33575	Country

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE	4. FEI Number 59 3568144		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Frank J. Greco		
	Street Address (P.O. Box Number is Not Acceptable) 1715 N. Westshore Blvd St # 750		
	City Tampa	FL	Zip Code 33607

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 John L. Vath Sr. 6344 Cottonwood Lane Apollo Bch Fl. 33572	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200023799212 10/15/03--01004--011 **150.00
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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: **John L. Vath Sr.** **John L. Vath Sr.** 10/6/03 (813) 645-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

7/10/16

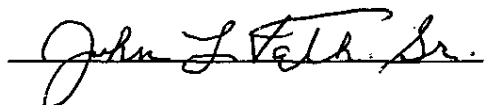
**Custom Docks by Seamaster, Inc
P.O. Box 949
Ruskin, Fl. 33575**

October 6, 2003

To Florida Department of State,

We are sending this Uniform Business Report at this time due to not receiving the one that is sent to us on an annual basis. Enclosed is a check for the \$150.00 fee. We ask that you please consider waiving any penalty fines at this time. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, reading "John L. Vath Sr.", written over a horizontal line.

**John L. Vath Sr.
President**