

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-26-2002 90011 039 ***150.00

DOCUMENT # V03551

1. Entity Name
CUSTOM DOCK & REPAIR, INC.

Principal Place of Business
1757 SAN MARCO RD.
MARCO ISLAND FL 34145
US

Mailing Address
1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145
US

B0050383



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0315267**

Applied For
 Not Applicable

Zip Country

Zip Country

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

GREUSEL, JAMIE B.
1104 N. COLLIER BLVD.
MARCO ISLAND FL 34145

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 registering)

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, 2002 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 **V** ☐ Delete
 NAME **ORKNEY, KENNETH**
 STREET ADDRESS **1885 OAKES BLVD**
 CITY- ST- ZIP **NAPLES FL 34104**

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

TITLE **S** ☐ Delete
 NAME **SMITH, CARL J**
 STREET ADDRESS **2130 OAKES BLVD**
 CITY- ST- ZIP **NAPLES FL 34104**

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

TITLE **P** ☐ Delete
 NAME **SMITH, LISA O**
 STREET ADDRESS **2130 OATES BLVD**
 CITY- ST- ZIP **NAPLES FL 34104**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 officer 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 an address, with another like empowered.

SIGNATURE

Lisa O Smith President

CR2E034 (9/01)