

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90085 007 ***150.00

DOCUMENT # 43747

1. Entity Name GEPICAN & ASSOCIATES, INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
220 5TH AVE. NO.

3. Mailing Address
4049 40TH ST. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FLORIDA

City & State
ST. PETERSBURG, FL

4. FEI Number
59-2988510

Applied For
Not Applicable

Zip
33701

Country
USA

Zip
33711

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HERMINE DICKSON

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

4049 40TH STREET

City
ST. PETERSBURG

FL

Zip Code
33711

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
HERMINE DICKSON
4049 40TH ST. So.
ST. PETERSBURG, FL 33711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DIANNE DICKSON
601 56 AVE. So.
ST. PETERSBURG, FL 33705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Hermine Dickson HERMINE DICKSON 4/29/02 (727) 822-3582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)