## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P00000024164 1. Entity Name GRATKOWSKI PAINTING CONTRACTORS, INC. 05-14-2001 90023 017 \*\*\*150.00 Mailing Address Principal Place of Business 1396 BISCAYNE WAY 1396 BISCAYNE WAY MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59 **-3**663<del>8</del>37 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHILDS, DONALD G Street Address (P.O. Box Number is Not Acceptable) 983 N. COLLIER BLVD. MARCO ISLAND FL 34146 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition PRESIDENT TREASURE ☐ Change TITLE TITLE GRATKOWSKI JANGES NAME NAME BISCHINE WAY 1396 STREET ADDRESS STREET ADDRESS MARCO ISLAND 34145 CITY-ST-ZIP CITY-ST-ZIP Addition VICE PRESIDENT Change Delete TITLE TITI F WIK PROESE VAME NAME 1513 BERMUON ROND STREET ADDRESS STREET ADDRESS 3445 MARCO ISLAND CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE SCEPE TAP'S MBERT CLARK, JR. -NAME PO BOX 2332 STREET ADDRESS STREET ADDRESS MARCO BLAND FL 34/46 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change ☐ Detete TITLE TITLE NAME :NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 triat 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 enhancement of the corporation or the receiver of the corporation or an attachment with an address, with all other like empowered.

JAMES GRATKOWSK SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR