

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90893 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000024164**

**1. Entity Name**  
**GRATKOWSKI PAINTING CONTRACTORS, INC.**

**Principal Place of Business**

**1396 BISCAYNE WAY**  
**MARCO ISLAND FL 34145**

**Mailing Address**

**1396 BISCAYNE WAY**  
**MARCO ISLAND FL 34145**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number 59-3663837**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHILDS, DONALD G**  
**983 N. COLLIER BLVD.**  
**MARCO ISLAND FL 34146**

**7. Name and Address of New Registered Agent**

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 reinstating)

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** PT ☐ Delete  
**NAME** GRATKOWSKI, JAMES  
**STREET ADDRESS** 1396 BISCAYNE WAY  
**CITY-ST-ZIP** MARCO ISLAND FL 34145

**TITLE** VP ☐ Delete  
**NAME** DROESE, FRANK  
**STREET ADDRESS** 1513 BERMUDA ROAD  
**CITY-ST-ZIP** MARCO ISLAND FL 34145

**TITLE** S ☒ Delete  
**NAME** CLARK, ALBERT JR  
**STREET ADDRESS** PO BOX 2332  
**CITY-ST-ZIP** MARCO ISLAND FL 34146

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** VP ☒ Change ☐ Addition  
**NAME** DROESE, FRANK  
**STREET ADDRESS** 1853 WOODBINE CT  
**CITY-ST-ZIP** MARCO ISLAND FL 34145

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

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

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

**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 receiver 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 all other like empowered.**

**SIGNATURE:**

*Signature of James Gratkowski*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-26-02**  
 Date

**941 253 6399**  
 Daytime Phone #

CR2E034 (9/01)