

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
 03-15-2001 90186 029 ***150.00

DOCUMENT # P00000046643

1. Entity Name
GOT POLISHI, INC.

Principal Place of Business
89 9TH ST. NORTH
NAPLES FL 34102

Mailing Address
89 9TH ST. NORTH
NAPLES FL 34102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1599 B TRAFALGAR LN.
 Suite, Apt. #, etc.

3. Mailing Address
1599 B TRAFALGAR LN
 Suite, Apt. #, etc.

City & State
NAPLES, FL.
 Zip
34116
 Country
USA

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NAPLES, FL.
 Zip
34116
 Country
USA

4. FEI Number
65-1014865
 Applied For
☐ Not Applicable

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

RAWSON, M JEAN ESQ.
400 5TH AVE. SOUTH, STE. 300
NAPLES FL 34116

Name
MONIQUE MORRISSETTE
 Street Address (P.O. Box Number is Not Acceptable)
1599 B TRAFALGAR LN
 City
NAPLES **FL** Zip Code
34116

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 *Monique Morissette* **3-12-01**
 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, 2001 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	D	<input type="checkbox"/> Delete	TITLE	PVST, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LACOPOLIS, MONIQUE		NAME	MORRISSETTE, MONIQUE	(NAME) (TITLE)
STREET ADDRESS	1599 B TRAFALGAR LANE		STREET ADDRESS	1599 B TRAFALGAR LN	
CITY-ST-ZIP	NAPLES FL 34116		CITY-ST-ZIP	NAPLES, FL. 34116	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Monique Morissette* **3-12-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (2/00)