

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90072 025 \*\*\*150.00

DOCUMENT # **P01000057872**



1. Entity Name  
**GARRICK BUILDERS INC.**

Principal Place of Business  
**23 BANYAN ROAD  
NAPLES FL 34108**

Mailing Address  
**23 BANYAN ROAD  
NAPLES FL 34108**



2. Principal Place of Business  
**65 RIDGE DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**65 RIDGE DR**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

4. FEI Number **59-5726766**

Applied For  
 Not Applicable

Zip Country  
**34108 COLLIER**

Zip Country  
**34108 COLLIER**

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

~~LARSON, RICK  
23 BANYAN ROAD  
NAPLES FL 34108~~

Name **GARY E. WALSCH**

Street Address (P.O. Box Number is Not Acceptable)  
**65 RIDGE DR**

City **NAPLES** FL Zip Code **34108**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gary E. Walsch*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/12/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME ~~LARSON, RICK~~  
STREET ADDRESS ~~23 BANYAN ROAD~~  
CITY-ST-ZIP ~~NAPLES FL 34108~~

TITLE  Change  Addition  
NAME **GARY E WALSCH**  
STREET ADDRESS **65 RIDGE DR**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 60Z, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/12/03**

Daytime Phone #

CR2E034 (10/02)