

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90150 036 ***150.00

DOCUMENT # P01000060551

1. Entity Name
GOTTA GO SPRAY TEXTURE, INC.

Principal Place of Business Mailing Address
10773 C.R. 73F **23 E TARPON AVE**
WEBSTER FL 33597 **TARPON SPRINGS FL 34689**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **POST OFFICE BOX 25**

City & State City & State
BUSHNELL, FL 33513

4. FEI Number Applied For
59-3724655 Not Applicable

Zip Country Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLIMIS, GEORGE N
23 E TARPON AVE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name
EATON, VICKI L.
 Street Address (P.O. Box Number is Not Acceptable)
10773 C.R. 738F
 City **FL** Zip Code
WEBSTER **33597**

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: DATE: **2/13/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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
NAME	EATON, VICKI L	
STREET ADDRESS	10773 C.R. 73F	
CITY-ST-ZIP	WEBSTER FL 33597	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, VICKI L.	
STREET ADDRESS	10773 C.R. 738F	
CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADRIAN, PHYLLIS	
STREET ADDRESS	10773 C.R. 738F	
CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, SR.; JOHN	
STREET ADDRESS	10773 C.R. 738F	
CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **2/13/02** DAYTIME PHONE #: **8139178022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)