

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90686 050 \*\*\*150.00

**DOCUMENT # P01000076361**

1. Entity Name  
**G.E. DECORATING & PAINTING, INC.**



Principal Place of Business  
**2915 WINKLER AVE. APT. 811  
FORT MYERS FL 33916**

Mailing Address  
**2915 WINKLER AVE. APT. 811  
FORT MYERS FL 33916**



2. Principal Place of Business  
**7626 Winged Foot Dr**  
Suite, Apt. #, etc.  
**#1**

3. Mailing Address  
**7626 Winged Foot Dr**  
Suite, Apt. #, etc.  
**#1**

City & State  
**Ft. Myers FL**

City & State  
**Ft. Myers FL**

4. FEI Number **65-1128094**

Applied For  
Not Applicable

Zip Country  
**33912 USA**

Zip Country  
**33912 USA**

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

6. Name and Address of Current Registered Agent

**GUNGOR, ERHAN**  
**2915 WINKLER AVE. #811**  
**FORT MYERS FL 33916**

7. Name and Address of New Registered Agent

Name **GUNGOR ERHAN**

Street Address (P.O. Box Number is Not Acceptable)

**7626 Winged Foot Dr #1**

City **Ft. Myers**

State **FL**

Zip Code **33912**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **D** ☒ Delete  
NAME **GUNGOR, ERHAN**  
STREET ADDRESS **2915 WINKLER AVE. #811**  
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **D** ☐ Delete  
NAME **ERHAN GUNGOR**  
STREET ADDRESS **7626 WINGED FOOT DR #1**  
CITY-ST-ZIP **FT. MYERS, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **ERHAN GUNGOR**  
STREET ADDRESS **7626 WINGED FOOT DR #1**  
CITY-ST-ZIP **FT. MYERS, FL 33912**

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

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 607, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/01/03 239-277-1177**

Date

Daytime Phone #

CR2E034 (10/02)