

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90043 043 ***150.00

DOCUMENT # P93000087940

1. Entity Name
GOTCHA COVERED UPHOLSTERY, INC.



Principal Place of Business
4900 NW 15 ST
4410
MARGATE FL 33063

Mailing Address
4900 NW 15 ST
4410
MARGATE FL 33063

2. Principal Place of Business
4900 N.W. 15th ST

3. Mailing Address
4900 N.W. 15th ST

Suite, Apt. #, etc.
4411

Suite, Apt. #, etc.
4411

City & State
MARGATE FL

City & State
MARGATE FL

Zip
33063

Country
USA

Zip
33063

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0460310**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARNOLD, JEFFERY
4900 NW 15 ST
#4410
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name **ARNOLD JEFFERY**
Street Address (P.O. Box Number is Not Acceptable) **4900 N.W. 15 ST # 4411**
City **Margate** **FL** **Zip Code** **33063**

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.**

JEFFERY ARNOLD PRES. **(NOTE: Registered Agent signature required when reinstating)**

4/9/03 **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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ARNOLD, JEFFERY	
STREET ADDRESS	92 W PALM DR	
CITY-ST-ZIP	POMPANO BEACH FL 33063	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

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:

JEFFERY ARNOLD **4/9/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 968 6650

CR2E034 (10/02)