

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

GTA PAINTING INC.

1. Entity Name

P. O. Box 2699

Stuart, FL 34995

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90064 007 ***150.00

SIN#
65-0567039

P95001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

STUART FL

3. Mailing Address

PO Box 2699

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL 34995

City & State

Zip

County

MARTIN

Zip

Country

4. FEI Number

450567039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John Sheehan

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

6617 SE Yorktown Dr.

City

Hobe Sound

FL

Zip Code

33455

**DO NOT WRITE
IN THIS SPACE**

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

John Sheehan

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
owner - president
John Sheehan
6617 SE Yorktown Dr.
Hobe Sound FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

John Sheehan