

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90045 025 ***158.75

DOCUMENT # P96000101719

1. Entity Name

CENTRIC CONSTRUCTION & MANAGEMENT, INC.

Principal Place of Business

**25 HOMESTEAD RD N
 STE 11
 LEHIGH ACRES FL 33936**

Mailing Address

**25 HOMESTEAD RD N
 STE 11
 LEHIGH ACRES FL 33936
 US**

2. Principal Place of Business

1422 HENDRY STREET

3. Mailing Address

1422 HENDRY STREET

Suite, Apt. #, etc.

304

Suite, Apt. #, etc.

304

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33901

Country

USA

Zip

33901

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-6230153

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MORGAN, JOHN M
 302 LEE BLVD.
 SUITE 102
 LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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) ☐

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOERTZ, DOMINIK	
STREET ADDRESS	743 MIRROR LAKES DRIVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOERTZ, HILDEGATZ A	
STREET ADDRESS	743 MIRROR LAKES DR.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VP/D.	<input type="checkbox"/> Delete
NAME	NILS RICHTER	
STREET ADDRESS	13211 CORREL CIRCLE, #1128	
CITY-ST-ZIP	FORT MYERS FL 33907	
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		

12. 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE OF NIKS RICHTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

941-791-0002

Date

Daytime Phone #

CR2E034 (9/01)