

# 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 <b>25 HOMESTEAD RD N          STE 11          LEHIGH ACRES FL 33936</b>	Mailing Address <b>25 HOMESTEAD RD N          STE 11          LEHIGH ACRES FL 33936          US</b>
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2. Principal Place of Business <b>1422 HENDRY STREET</b>	3. Mailing Address <b>1422 HENDRY STREET</b>
Suite, Apt. #, etc. <b>304</b>	Suite, Apt. #, etc. <b>304</b>

City & State <b>FORT MYERS FL</b>	City & State <b>FORT MYERS FL</b>
Zip <b>33901</b>	Zip <b>33901</b>
Country <b>USA</b>	Country <b>USA</b>

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

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 NILS RICHTER** **1/8/02** **941-791-0002**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)