

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104115

1. Entity Name

GOTCHA COVERED PAINTING, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90057 045 ***150.00

Principal Place of Business

3350 21 AVE SW
NAPLES FL 34117

Mailing Address

3350 21 AVE SW
NAPLES FL 34117

2. Principal Place of Business

5820 YAHU ST

Suite, Apt. #, etc.

#4

City & State

NAPLES FL

Zip

34109

Country

3. Mailing Address

5820 YAHU ST.

Suite, Apt. #, etc.

#4

City & State

NAPLES, FL

Zip

34109

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3491373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

Name

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

1250 TAMiami TRAIL, N.

UNIT # 302

City

NAPLES

FL

Zip Code

34102

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME DEHNZ, RICHARD

STREET ADDRESS 3350 21 AVE SW

CITY-ST-ZIP NAPLES FL 34117

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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5820 YAHU ST, #4

NAPLES, FL, 34109

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD DEHNZ

Date

Daytime Phone #

4/3/00 941-593-6837

CR2E034 (9/99)