

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90057 048 ***150.00

DOCUMENT # **P97000104115** ✓

1. Entity Name

Gotcha Covered Painting Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4360 14th AVE NE

Suite, Apt. #, etc.

4360 14th AVE NE

City & State

Naples, FL

City & State

Naples, FL

Zip

34120

Country

Collier

Zip

34120

Country

Collier

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**

7. Name and Address of Current Registered Agent

Name

Erickson William C Inc

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

1250 9th St. N

City

Naples, FL FL

Zip Code

34102

**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

Signature, typed or printed name of registered agent and fee if applicable.

(NOT Required: Agent's signature required when reappointing)

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
**Richard Dennz
4360 14th AVE NE 34120
Naples, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1602

DATE

Signature of State #

CR2E034B (12/01)

Attachment

Sept 17, 02

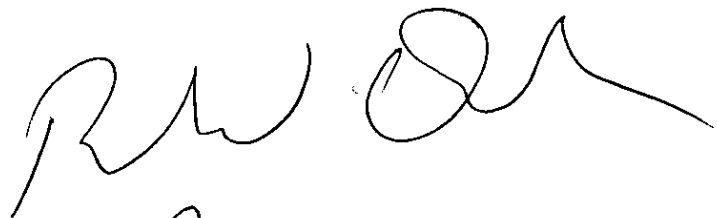
To Whom it may concern

872953

#P97000104115

I did not receive
the first notice.

Sincerely,



9-17-02