2002 UNIFO	RM BUSINESS	REPORT	(UBR)
OCHARATAT II	004000		

DOCUMENT # 524989

1. Entity Name

POTTER & SONS CUSTOM PAINTING & DECORATING, INC.

Principal Place of Business

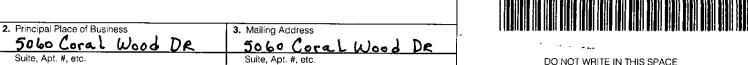
1252 LAKESHORE DRIVE

NAPLES FL 34103

Mailing Address

1252 LAKESHORE DRIVE

NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

City & State Naples FL	City & State Naples FL	4. FEI Number 65-0237020	Applied For Not Applicable
Zip Country	Zip Country		\$8.75 Additional
34119 Collier	34119 Collier	5. Certificate of Status Desired	Fee Required
6. Name and Address of Current Re	gistered Agent	7. Name and Address of New Registere	d Agent
	Name .		
POTTER, DOUGLAS S. JR. 5060 3 AVE NW			
		Street Address (P.O. Box Number is Not Acceptable)	
	-		
NAPLES FL 33999	5060	Coral Wood DR	
	City Na	ples F	L Zip Code
8. The above named entity submits this statement for the	ne purpose of changing its registered office or rec	istered 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 re	quired when reinstating) DATE	:
9. This corporation is eligible to satisfy its Intangible	FILE NOW!!! FEE IS \$150.00	10. Flection Campaign Financing	\$5.00 May Da

Tax filing requirement and elects to do so.

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

Trust Fund Contribution.

Added to Fees

(See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Change POTTER Douglas S. JR 5060 Coral Wood DR POTTER, DOUGLAS S., JR. NAME NAME STREET ADDRESS 5060 3 AVE NW STREET ADDRESS NAPLES FL CITY-ST-7IP CITY-ST-ZIP Naples FL TITLE ☐ Delete TITLE Change ☐ Addition Potter, Douglas S. Sr 3100 Coguina Esplanade NAME POTTER, DOUGLAS S., SR. NAME STREET ADDRESS 1252 LAKESHORE DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Punta Gorda, FL TITLE Delete Addition TITLE ☐ Change NAME POTTER, MICHAEL NAME STREET ADDRESS 1316 DERBYSHIRE CT, B202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: