

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V68679**

1. Entity Name

JAMIE COAT PAINTING AND WATERPROOFING, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

8949 SE BRIDGE ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE # 309

Suite, Apt. #, etc.

City & State

HOBE SOUND, FLORIDA

City & State

4. FEI Number

65-0362269

Applied For

Not Applicable

Zip

33455

Country

MARTIN

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CATHY M. REPP
8949 SE BRIDGE RD # 309
HOBE SOUND, FL. 33455**

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, 2001 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 **PRESIDENT** ☐ Delete
NAME **CATHY M. REPP**
STREET ADDRESS **8949 SE BRIDGE RD # 309**
CITY-ST-ZIP **HOBE SOUND, FL. 33455**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Cathy M. Repp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/01 561-545-2356

Date Daytime Phone #

CR2E034 (11/00)