## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # 629391** 1. Entity Name RICHARD L. SAN GIOVANNI, AIA, P.A. 02-28-2001 90058 026 \*\*\*150.00 Principal Place of Business Mailing Address 117 E GREEN TREE LN P.O. BOX 952615 3144010 LAKE MARY FL 32746-4004 LAKE MARY FL 32795-2615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1926875 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAN GIOVANNI, RICHRD L Street Address (P.O. Box Number is Not Acceptable) 117 E GREEN TREE LN LAKE MARY FL 32746 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE ☐ Delete TITLE SAN GIOVANNI, RICHARD L SAME NAME STREET ADDRESS 117 E GREEN TREE LN STREET ADDRESS CITY-SI-ZIP LAKE MARY FL CITY-ST-ZIP ☐ Delete TITLE ☐ Chance Acdition SAN GIOVANNI, MARGARET NAME NAME STREET ADDRESS 117 E GREEN TREE LN STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP LAKE MARY FL ☐ Delete Change Addition TATLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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 a other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ACCRESS CHY-ST-ZIP

CR2E034 (10/00