## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am Secretary of State 629391 DOCUMENT # 1. Entity Name 05-01-2002 91533 022 \*\*\*150.00 RICHARD L. SAN GIOVANNI, AIA, P.A. Principal Place of Business Mailing Address 117 E GREEN TREE LN P.O. BOX 952615 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 4. FEI Number Applied For 59-1926875 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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 City Zip Code FL 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, 2002 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 TITLE TITLE □ Delete ☐ Change ☐ Addition SAN GIOVANNI, RICHARD L NAME. NAME 117 E GREEN TREE LN STREET ADDRESS STREET ADDRESS LAKE MARY FL CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition SAN GIOVANNI. MARGARET NAME STREET ADDRESS 117 E GREEN TREE LN STREET ADDRESS CITY-ST-ZIP LAKE MARY FL CITY-ST-ZIP ☐ Delete ~ TITLE. 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 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

☐ Change

☐ Addition

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

UNUMINION MARGARET M. SANGIOVANNI