

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90023 019 \*\*\*550.00

**DOCUMENT # K54946**

1. Entity Name  
**PALM CITY TRANSMISSIONS, INC.**

Principal Place of Business      Mailing Address  
 % PETER T. GIANINO      % PETER T. GIANINO  
 217 EAST OCEAN BLVD. PO DRAWER 2846      217 EAST OCEAN BLVD. PO DRAWER 2846  
 STUART FL 34995      STUART FL 34995

AVU11300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3393 SW. 42ND AVE**      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**Palm City, Florida**           **65-0096154**      Not Applicable  
 Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**34990**      **US**           

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GIANINO, PETER T.**  
**217 EAST OCEAN BLVD**  
**POST OFFICE DRAWER 2846**  
**STUART FL 34995**

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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>RIEGELSBERGER, JOHN S.</b> <b>3371 S.W. 42ND AVE.</b> <b>PALM CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GIANINO, PETER T ESQ</b> <b>3395 SW 42ND AVE</b> <b>PALM CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GIANINO, PETER T ESQ</b> <b>3395 42ND AVE.</b> <b>PALM CITY FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter T. Gianino*      9/9/00 (561) 220-6062  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)