

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90288 006 \*\*\*150.00

**DOCUMENT # 506709**

**1. Entity Name**  
**PINELLAS CARBURETOR, INC.**

**Principal Place of Business**

**12200 66TH STREET, NORTH**  
**LARGO FL 34643-3432**

**Mailing Address**

**12200 66TH STREET, NORTH**  
**LARGO FL 34643-3432**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-1678504**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



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

**GIORDAN, RICHARD**  
**12200 66TH STREET, NORTH**  
**LARGO FL 34643**

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

Name **Vincent J Giordano**  
 Street Address (P.O. Box Number is Not Acceptable) **8500 Gulf Blvd.**  
 City **St. Petersburg Beach** FL Zip Code **33706**

**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 **Vincent Giordano**  
 Signature, typed or printed name of registered agent and title if applicable.

**Vincent J. Giordano**  
 (NOTE: Registered Agent signature required when reinstating)

**4/21/02**  
 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, 2002 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	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GIORDANO, RICHARD</b>
STREET ADDRESS	<b>7221 GENNAKER</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GIORDANO, RICHARD</b>
STREET ADDRESS	<b>7211 GENNAKER</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vincent Giordano</b>
STREET ADDRESS	<b>8500 Gulf Blvd</b>
CITY-ST-ZIP	<b>St. Petersburg Beach FL 33706</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vincent Giordano</b>
STREET ADDRESS	<b>8500 Gulf Blvd</b>
CITY-ST-ZIP	<b>St. Petersburg Beach FL 33706</b>

TITLE	<input checked="" type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** **Vincent Giordano**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Vincent J. Giordano** **4/21/02** **727-367-1297**  
 Date Daytime Phone #

CR2E034 (9/01)