

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 542981

1. Entity Name

A J GIAMMANCO & ASSOCIATES, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90019 026 ***150.00

Principal Place of Business
RT 6 BOX 972
PALATKA FL 32177

Mailing Address
RT 6 BOX 972
PALATKA FL 32177

2. Principal Place of Business
180 COMFORT ROAD
Suite, Apt. #, etc.

3. Mailing Address
180 COMFORT ROAD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PALATKA, FL
Zip
32177
Country
USA

City & State
PALATKA, FL
Zip
32177
Country
USA

4. FEI Number 59-1772678
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GIAMMANCO, SHIRLEY E
275 RIVER DR
E PALATKA FL 32131

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CSTD	<input type="checkbox"/> Delete	TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMMANCO, SHIRLEY E		NAME	GIAMMANCO, Shirley E	
STREET ADDRESS	275 RIVER DRIVE		STREET ADDRESS	275 RIVER DRIVE	
CITY-ST-ZIP	E PALATKA FL 32131		CITY-ST-ZIP	E. PALATKA, FL 32177	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DU LIN, JOHN W.		NAME	DU LIN JOHN W	
STREET ADDRESS	ROUTE 7 BOX 1734 - TIMBER CROSSING		STREET ADDRESS	155 TIMBERLANE CROSSING	
CITY-ST-ZIP	PALATKA FL 32177		CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DULIN, EILEEN E.	
STREET ADDRESS			STREET ADDRESS	155 TIMBERLANE CROSSING	
CITY-ST-ZIP			CITY-ST-ZIP	PALATKA, FL 32177	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: John W. Dulin John W Dulin President

1/2/01

(904) 328-1254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0010511

CR2E034 (10/00)