

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90039 008 ***150.00

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DOCUMENT # 606473

1. Entity Name

GIOVANNI ENTERPRISES, INC.

Principal Place of Business

**707 S ATLANTIC AVE
 ORMOND BEACH FL 32176-7815**

Mailing Address

**707 S ATLANTIC AVE
 ORMOND BEACH FL 32176-7815**

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

59-1872837

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

**GIOVANNI, GARY
 707 S ATLANTIC AVE
 ORMOND BEACH FL 32176**

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, 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	PAST	<input type="checkbox"/> Delete
NAME	GIOVANNI, GARY J	
STREET ADDRESS	707 SO ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	GIOVANNI, LINDA G	
STREET ADDRESS	707 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PENDRY, ELIZABETH G	
STREET ADDRESS	707 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIOVANNI, ERICA L	
STREET ADDRESS	707 S ATLANTIC AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	<i>Grace Gulock</i>	<input type="checkbox"/> Delete
NAME	<i>7 Flader Lane #110</i>	
STREET ADDRESS	<i>Holly Hill, FL 32117</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary J. Giovanni
 1-10-02

Date

386-677-8060

Daytime Phone #

CR2E034 (9/01)