

2060 UNIFORM BUSINESS REPORT (UBR)

6/2

FILED

Aug 03, 2000 8:00 am
Secretary of State

06-20-2000 90010 010 ***150.00

08-03-2000 90001 030 ***408.75

DOCUMENT # 691839

1. Entity Name
JOHN A. GIGLIO, D.O., P.A.

Principal Place of Business
**C/O JOHN A GIGLIO
7720 WASHINGTON ST. STE 104
PORT RICHEY FL 34668
US**

Mailing Address
**C/O JOHN A. GIGLIO
7720 WASHINGTON ST. STE 104
PORT RICHEY FL 34668-6541
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1996854**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIGLIO, JOHN A.
7720 WASHINGTON STREET-
STE 104
PORT RICHEY FL 34668**

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, 2000 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: **DP** ☐ Delete
NAME: **GIGLIO, JOHN A.**
STREET ADDRESS: **7720 WASHINGTON ST**
CITY-ST-ZIP: **PORT RICHEY FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 A. Giglio, D.O.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Giglio, D.O. **6/15/00** **(927) 848-5518**
Date Daytime Phone

CR2E034 (9/99)