2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90277 032 ***150.00

DOCUMENT # F93000001299

1. Entity Name
GIANNETTI CONTRACTING CORPORATION

Principal Place of Business
6340 SIMS DRIVE
STERLING HEIGHTS MI 48313

Mailing Address
6340 SIMS DRIVE
STERLING HEIGHTS MI 48313

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 38-2477625 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

GIANNETTI, RICK
4371 NW 19 AVE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name RICK GIANNETTI
Street Address (P.O. Box Number is Not Acceptable) 1132 NE 48th STREET
City POMPANO BEACH FL Zip Code 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 1-22-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GIANNETTI, RICK
STREET ADDRESS	4371 NW 19 AVE
CITY-ST-ZIP	POMPANO BEACH FL 33064
☐ Delete	
TITLE	VP
NAME	GIANNETTI, FRANK
STREET ADDRESS	6340 SIMS DR
CITY-ST-ZIP	STERLING HEIGHTS MI 48313
☒ Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	
TITLE	
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☐ Delete	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	1132 NE 48th Street
CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/30/03 (954) 786-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #