

# 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**GIANNETTI, RICK  
4371 NW 19 AVE  
POMPANO BEACH FL 33064**

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.

**1-22-03**

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **GIANNETTI, RICK**  
STREET ADDRESS **4371 NW 19 AVE**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE **VP** ☒ Delete  
NAME **GIANNETTI, FRANK**  
STREET ADDRESS **6340 SIMS DR**  
CITY-ST-ZIP **STERLING HEIGHTS MI 48313**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/03**  
Date

**954)786-1622**  
Daytime Phone #

CR2E034 (10/02)