

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004777

1. Entity Name

GIORDANO CONSTRUCTION CO., INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90024 002 ***150.00

Principal Place of Business

R.D. #3 BOX 345A, NASHUA ROAD
NEW CASTLE PA 16105

Mailing Address

R.D. #3 BOX 345A, NASHUA ROAD
NEW CASTLE PA 16105

2. Principal Place of Business

25 McCracken Lane

Suite, Apt. #, etc.

3. Mailing Address

25 McCracken Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

New Castle, PA

Zip

16101

Country

USA

City & State

New Castle, PA

Zip

16101

Country

USA

4. FEI Number

25-1780542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE PD
NAME GIORDANO, JOSEPH JR
STREET ADDRESS R.D. #3 BOX 345A, NASHUA ROAD
CITY-ST-ZIP NEW CASTLE PA 16105 ☐ Delete

TITLE DT
NAME GIORDANO, JOSEPH M
STREET ADDRESS R.D. #3 BOX 345A, NASHUA ROAD
CITY-ST-ZIP NEW CASTLE PA 16105 ☐ Delete

TITLE DV
NAME GIORDANO, THOMAS J
STREET ADDRESS R.D. #3 BOX 345A, NASHUA ROAD
CITY-ST-ZIP NEW CASTLE PA 16105 ☐ Delete

TITLE S
NAME GIORDANO, BETH L
STREET ADDRESS R.D. #3 BOX 345A, NASHUA ROAD
CITY-ST-ZIP NEW CASTLE PA 16105 ☒ Delete

TITLE DV
NAME GINOCCHI, JAMES
STREET ADDRESS R.D. 3 BOX 345A
CITY-ST-ZIP NEW CASTLE PA 16105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO
NAME
STREET ADDRESS 25 McCracken Lane
CITY-ST-ZIP New Castle, PA 16101 ☒ Change ☐ Addition

TITLE President
NAME
STREET ADDRESS 25 McCracken Lane
CITY-ST-ZIP New Castle, PA 16101 ☒ Change ☐ Addition

TITLE Treasurer/Vice President
NAME
STREET ADDRESS 25 McCracken Lane
CITY-ST-ZIP New Castle, PA 16101 ☒ Change ☐ Addition

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

TITLE Vice President/Secretary
NAME
STREET ADDRESS 25 McCracken Lane
CITY-ST-ZIP New Castle, PA 16101 ☒ Change ☐ Addition

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

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

Date

Daytime Phone #

CR2E034 (10/00)