

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G91945**

1. Entity Name
GUARNERI, INC.

R

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90160 048 ***150.00

Principal Place of Business
**2516 N DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168
US**

Mailing Address
**2516 N DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2422669**

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

**KOEHLER, THOMAS A.
421 N. WILD OLIVE AVE.
DAYTONA BEACH FL**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **GUARNERI, SEBASTIAN**
STREET ADDRESS **2646 GLENWOOD AVENUE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

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

TITLE **ST** ☐ Delete
NAME **GUARNERI, CELESTE D.**
STREET ADDRESS **2646 GLENWOOD AVENUE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

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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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 (904) 4271462
Date Daytime Phone #

CR2004 6/0001

G91945
So when it may concern:

A0064203/17/00

I have enclosed the fee of \$150.00

Please consider waiving the late fee as I
never received the initial bill. I hope this
will be sufficient along with my record with
the State. Thank you in advance.

Celeste Guarnieri
(sec)

Guarnieri enc