


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90236 038 ***150.00

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| | |
|--|---|
| DOCUMENT # J00959 |  |
| 1. Entity Name GILIBERTI, INC. | |

| | |
|---|---|
| Principal Place of Business 4052 BURNS ROAD WEST PALM BEACH FL 33410 | Mailing Address 4052 BURNS ROAD WEST PALM BEACH FL 33410 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



CHECK HERE IF MAKING CHANGES

| | |
|--|---|
| 4. FEI Number 59-2657223 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent GILIBERTI, JOHN F. 1243 KINGLET TERRACE WEST PALM BEACH FL 33414 | 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. I am familiar with, and accept the obligations of registered agent.

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 PDS <input type="checkbox"/> Delete | NAME GILIBERTI, SR, JOHN | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 12113 KINGLET TERR. | CITY-ST-ZIP WEST PALM BEACH FL 33414 | STREET ADDRESS | |
| CITY-ST-ZIP WEST PALM BEACH FL 33414 | | CITY-ST-ZIP | |
| TITLE VPDT <input type="checkbox"/> Delete | NAME GILIBERTI, JOHN JR | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 105 PARADISE HARBOUR #501 | CITY-ST-ZIP NORTH PALM BEACH FL 33408 | STREET ADDRESS | |
| CITY-ST-ZIP NORTH PALM BEACH FL 33408 | | CITY-ST-ZIP | |
| TITLE ST <input checked="" type="checkbox"/> Delete | NAME KREIAS TAGONY, DAGIO | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4052 BURM ROAD | CITY-ST-ZIP PALM BEACH GARDENS FL 33410 | STREET ADDRESS | |
| CITY-ST-ZIP PALM BEACH GARDENS FL 33410 | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | NAME | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | NAME | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete | NAME | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *John F. Giliberti* VP **04-14-03** (561) 630-2822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)