

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J41962

1. Entity Name

ELECTRONIC BARN, INC.

Principal Place of Business

200 S SEMORAN BLVD.
ORLANDO FL 32807
US

Mailing Address

200 S. DEMORAN BLVD
ORLANDO FL 32807
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

7600 Currency Drive

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32809-6925

US

4. FEI Number

59-2878009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIAMMARRUSCO, JOSEPH G
204 S. SEMORAN BLVD
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

Giammarrusco, Joseph C.

Street Address (P.O. Box Number is Not Acceptable)

7600 Currency Drive

City Orlando,

FL

Zip Code 32809-6925

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, 2000 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 VD
NAME PERROTTI, JOHN
STREET ADDRESS 5427 RUSTIC PINE COURT
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE CD
NAME PERROTTI, FRED
STREET ADDRESS 8012 OLD TOWN DR.
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE VD
NAME PERROTTI, ROBERT S
STREET ADDRESS 926 GROVESMERE LOOP
CITY-ST-ZIP OCOEE FL 34761 ☐ Delete

TITLE VD
NAME MOLINA, JAVIER
STREET ADDRESS 3717 CRESCENT PARK BLVD
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE PD
NAME GIAMMARRUSCO, JOSEPH
STREET ADDRESS 1491 RIDGE TOP WAY
CITY-ST-ZIP CLEARWATER FL 34625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE PD
NAME Giammarrusco, Joseph C.
STREET ADDRESS 2956 Bayhead Run
CITY-ST-ZIP Oviedo, FL 32809-6925 ☒ 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

03/08/00

Date

407-275-2400

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90017 034 ***150.00

822117



DO NOT WRITE IN THIS SPACE