## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J59324** May 16, 2000 8:00 am Secretary of State GIANCOLA BROTHERS, INC. 05-16-2000 90084 024 \*\*\*150.00 Principal Place of Business Mailing Address 81013 INDIAN RIVER BLVD 3219 JUNIPER DR **EDGEWATER FL 32141-6807** EDGEWATER FL 32141 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2865473 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIANCOLA, GARRY L Street Address (P.O. Box Number is Not Acceptable) 3219 JUNIPER DR **EDGEWATER FL 32141** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE GIANCOLA, GARRY L NAME NAME STREET ADDRESS STREET ADDRESS 3219 JUNIPER DR CITY-ST-ZIP CITY-ST-ZIP EDGEWATER FL ☐ Change ☐ Addition TITLE 💹 Delete TITLE. NAME HELEN GIANCOLA NAME STREET ADDRESS STREET ADDRESS 3219 JUNIPER DR CITY-ST-7IP CITY-ST-ZIP **EDGEWATER FL** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

1. Giaves /a 4-282000