

# 2002 UNIFORM BUSINESS REPORT (UBR)

10/2

0012835

DOCUMENT # L01000008370

1. Entity Name

GEE'S GROUP OF FLORIDA, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Wes/15

02 AUG 14 PM 1:09

Principal Place of Business  
6954 VERDE WAY  
PELICAN BAY  
NAPLES FL 34108

Mailing Address

6954 VERDE WAY  
PELICAN BAY  
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

32-0012286

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GIANASCOLI, JOSEPH  
6954 VERDE WAY, PELICAN BAY  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

SAME - No Change

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

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-12-02

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MGRM  
David M. Gianascoli  
5700 LAKE WRIGHT Drive suite 103  
Norfolk VA 23502

MGRM  
Michael Gianascoli  
5700 LAKE WRIGHT Drive Ste 103  
Norfolk VA 23502

300007119388

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DAVID M. GIANASCOLI

8-12-02

Date

(757) 340-7355

Daytime Phone #

CR2E083 (4/02)

2 of 2



ACCOUNT NO. : 072100000032  
REFERENCE : 703938 9725B  
AUTHORIZATION : *Patricia Pigato*  
COST LIMIT : \$ 50.00

ORDER DATE : August 13, 2002  
ORDER TIME : 2:05 PM  
ORDER NO. : 703938-005  
CUSTOMER NO: 9725B  
CUSTOMER: Ms. Cathy Nadeau  
Roetzel & Andress  
Trainon Centre, Third Floor  
850 Park Shore Drive  
Naples, FL 34103

ANNUAL REPORT FILING

NAME: GEE'S GROUP OF FLORIDA, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar-EXT#1124

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 AUG 14 PM 4:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE REG  
TALLAHASSEE, FLORIDA