

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90223 031 ***158.75

DOCUMENT # L38534

1. Entity Name
GIOVANNI'S, INC.

Principal Place of Business
222 LAKEVIEW AVE
#225
WEST PALM BEACH FL 33401
US

Mailing Address
222 LAKEVIEW AVE
#225
WEST PALM BEACH FL 33401
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

729 South Federal Hwy.

729 South Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#210

#210

City & State
Stuart, FL

City & State
Stuart, FL

Zip
34994

Country
USA

Zip
34994

Country
USA

4. FEI Number **59-2985773**

Applied For
Not Applicable

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

RIEGER JOSEPH
222 LAKEVIEW AVE
#225
WEST PALM BEACH FL 33401

Name

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

729 South Federal Hwy.
#210

City **Stuart, FL** **Zip Code** **34994**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **RIEGER, JOSEPH**
STREET ADDRESS **222 LAKEVIEW AVE #225**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DP** ☒ Change ☐ Addition
NAME **Rieger, Joseph**
STREET ADDRESS **729 South Federal Hwy #210**
CITY-ST-ZIP **STUART FL 34994**

TITLE **VSP** ☐ Delete
NAME **COTTEW, Peter**
STREET ADDRESS **729 South Federal Hwy #210**
CITY-ST-ZIP **STUART, FL 34994**

TITLE **VSP** ☐ Change ☒ Addition
NAME **COTTEW, Peter**
STREET ADDRESS **729 South Federal Hwy #210**
CITY-ST-ZIP **STUART, FL 34994**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

4/25/02 **561-220-3051**
 Date Daytime Phone #

CR2E034 (9/01)