

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90027 042 ***150.00

DOCUMENT # P00000003476

1. Entity Name
GARIBALDI PICTURES, INC.

Principal Place of Business

~~1441 S KIRKMAN RD. #2060~~
~~ORLANDO FL 32811~~

Mailing Address

~~1441 S KIRKMAN RD. #2060~~
~~ORLANDO FL 32811~~

2. Principal Place of Business

609 N.W. 9th AVE
 Suite, Apt. #, etc.

3. Mailing Address

609 N.W. 9th AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Gainesville FL

City & State
Gainesville, FL

4. FEI Number **59-3620186**

Applied For
 Not Applicable

Zip **32601** Country **USA**

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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

GARIBALDI, MICHELE
~~1441 KIRKMAN RD~~
~~#2060~~
~~ORLANDO FL 32811~~

Change of Address only

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GARIBALDI, MICHELE A**
 STREET ADDRESS ~~1441 S KIRKMAN RD, #2060~~ **609 N.W. 9th Ave**
 CITY-ST-ZIP ~~ORLANDO FL 32811~~ **Gainesville FL 32601**

TITLE ☐ Change ☐ Addition
 NAME **Michele GARIBALDI**
 STREET ADDRESS **609 N.W. 9th Ave**
 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Michele Garibaldi* **Michele GARIBALDI** 5/1/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 352-378-6275

CR2E034 (9/01)