

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91481 021 ***150.00

DOCUMENT # P00000032825

1. Entity Name
GILDA INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business

12901 Mc GREGOR Blvd #22
Suite, Apt. #, etc.

3. Mailing Address

12901 Mc GREGOR Blvd #22
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
FORT MYERS FL

City & State
FORT MYERS FL

4. FEI Number 65-1001868

Applied For
☐ Not Applicable

Zip
33919

Country

Zip
33919

Country

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

Name Gilda PIERINI

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

12901-22 Mc GREGOR Blvd #22

City FORT MYERS **FL** **Zip Code** 33919

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME PIERINI, GILDA
STREET ADDRESS 12901 MCGREGOR BLVD #22
CITY-ST-ZIP FT.MYERS FL 33919

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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**

Date 4/26/03 **Daytime Phone #**

CR2E034 (10/02)