

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91101 009 \*\*\*150.00

**DOCUMENT # P01000008536**

1. Entity Name  
**GIANT HOLDINGS, INC.**



Principal Place of Business  
**6300 NE 1 AVE, STE 300  
FT LAUDERDALE FL 33334**

Mailing Address  
**6300 NE 1 AVE, STE 300  
FT LAUDERDALE FL 33334**



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 **65-1072857**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LA CARIA, PERRY A CEO  
% GIANT HOLDINGS INC  
6300 N E 1 AVE SUITE 300  
FORT LAUDERDALE FL 33334**

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. 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 **C** ☐ Delete  
NAME **ROSCHMAN, JEFFREY S**  
STREET ADDRESS **2511 DEL LAGO DRIVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☐ Change ☒ Addition  
NAME **DOUGLAS H. JENNINGS**  
STREET ADDRESS **713 NE 26TH AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **PD** ☐ Delete  
NAME **LA CARIA, PERRY A**  
STREET ADDRESS **3030 ANDREWS PLACE**  
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **V** ☐ Change ☒ Addition  
NAME **PAULA LOSKO**  
STREET ADDRESS **2300 NE 33RD AVE #901**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE **SD** ☐ Delete  
NAME **ROSCHMAN, ROBERT J**  
STREET ADDRESS **1759 S.E. 10TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **V/T** ☐ Change ☒ Addition  
NAME **RUSSELL C. CONRAD**  
STREET ADDRESS **5400 N.E. 19TH AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **D** ☐ Delete  
NAME **ANDERSON, PAUL**  
STREET ADDRESS **2108 N E 18TH AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

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

TITLE **D** ☐ Delete  
NAME **HAGENBUCKLE, STEVEN**  
STREET ADDRESS **1549 HEIGHTS COURT**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

TITLE **D** ☐ Delete  
NAME **HERTZMAN, ALLEN**  
STREET ADDRESS **4218 SHELBYVILLE ROAD**  
CITY-ST-ZIP **LOUISVILLE KY 40207**

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: **RUSSELL C. CONRAD** 3/14/03 (954) 958-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)