

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90136 031 ***158.75

DOCUMENT # P01000011287

1. Entity Name

GARIBALDI HOLDINGS, INC.



Principal Place of Business

**1547 FLORIDA MANGO RD N. UNIT 11-2
WEST PALM BEACH FL 33409**

Mailing Address

**1547 FLORIDA MANGO RD N. UNIT 11-2
WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Box 15454

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WPB, FL.

Zip

Country

Zip

33416

Country

US

4. FEI Number

65-1075365

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

MOORE, JAMES B

**1547 FLORIDA MANGO RD. NORTH
BLDG. 11-2
WEST PALM BEACH FL 33409**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
MOORE, JAMES B
1547 FLORIDA MANGO RD N, UNIT 11-2
WEST PALM BEACH FL 33409**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
COATES, JOSEPH C III
2701 EMBASSY DR
WEST PALM BEACH FL 33401**

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CR2E034 (10/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

561-697-0039

Date

Daytime Phone #