

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90174 015 ***150.00

DOCUMENT #

1. Entity Name

PO1000028317
LORENZO CONSOLIDATING, INC.
DBA WORLD WIDE EXPORTS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2475 JEN DR STE S

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

MELBOURNE FL

City & State

4. FEI Number

99-3710514

Applied For

Not Applicable

Zip

32940

Country

BREVARD

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSEPH P. GIANNACCO

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

252 SANDY RUN

City

MELBOURNE

FL

Zip Code

32940

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
JOSEPH P GIANNACCO
252 SANDY RUN
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CAMELLE A GIANNACCO
252 SANDY RUN
MELBOURNE, FL 32940

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 321-242 9881

Date

Daytime Phone #

CR2E034B (12/01)