

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90002 034 ***150.00

DOCUMENT # P01000071969

1. Entity Name
GIANNONE COMPUTER, INC.

Principal Place of Business

**3170 NW PERIMETER RD
 PALM CITY FL 34990**

Mailing Address

**3170 NW PERIMETER RD
 PALM CITY FL 34990**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1634 SW CROSSING CIR
 Suite, Apt. #, etc.

3. Mailing Address

1634 SW CROSSING CIR
 Suite, Apt. #, etc.

City & State

PALM CITY, FL

City & State

PALM CITY, FL

4. FEI Number

59-3737694

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GIANNONE, CHELSEA
 3170 NW PERIMETER RD
 PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name **Chelsea Giannone**

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

1634 SW CROSSING CIR

City **PALM CITY** **FL** **34990**

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 **Chelsea Giannone, President** **4/1/2002**
 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) ☐

**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

TITLE **D** ☐ Delete
 NAME **GIANNONE, CHELSEA**
 STREET ADDRESS **3170 NW PERIMETER RD**
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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: **Chelsea Giannone** **Chelsea Giannone** **4/1/2002** **561-287-1712**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)