

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90070 008 ***150.00

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DOCUMENT # P01000092236

1. Entity Name

RICHARD F. GOLARDI & ASSOCIATES, INC.

Principal Place of Business

**3647 WHISPERWOOD CIRCLE
 MELBOURNE FL 32901**

Mailing Address

**3647 WHISPERWOOD CIRCLE
 MELBOURNE FL 32901**

2. Principal Place of Business

3259 W. New Haven Avenue

3. Mailing Address

3259 W. New Haven Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Melbourne, FL

City & State

West Melbourne, FL

4. FEI Number

59-3747383

Applied For

Not Applicable

Zip

32904

Country

USA

Zip

32904

Country

USA

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

GOLARDI, RICHARD E

**3647 WHISPERWOOD CIRCLE
 MELBOURNE FL 32901**

Name

Golardi, Richard F.

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

3647 Whisperwood Circle

City

Melbourne

FL

Zip Code

32901

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 *Richard F. Golardi*
 Signature, typed or printed name of registered agent and title if applicable.

Richard F. Golardi, President Jan. 5, 2002
 (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLARI, RICHARD F	
STREET ADDRESS	3647 WHISPERWOOD CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLARI, NATALIA F	
STREET ADDRESS	3647 WHISPERWOOD CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golardi, Richard F.	
STREET ADDRESS	3647 Whisperwood Circle	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golardi, Natalia	
STREET ADDRESS	3647 Whisperwood Circle	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Richard F. Golardi* Jan. 5, 2002 321-951-9811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)