

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**  
 03-29-2002 90191 038 \*\*\*150.00

**DOCUMENT # P92000003812**

1. Entity Name  
**JJ GUNITE, INC.**

Principal Place of Business

**1115 S.E. 12TH PLACE  
 CAPE CORAL FL 33990**

Mailing Address

**1115 S.E. 12TH PLACE  
 CAPE CORAL FL 33990**

2. Principal Place of Business  
**3813 SE 19TH AVE**

3. Mailing Address  
**3813 SE 19TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CAPE CORAL FL**

City & State

**CAPE CORAL FL**

Zip  
**33904**

Country  
**LEE**

Zip  
**33904**

Country  
**LEE**

4. FEI Number **65-0369596**

Applied For  
 Not Applicable

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

**GRAVEDONI, JAMES F  
 1115 S.E. 12TH PLACE  
 CAPE CORAL FL 33990**

Name

**3813 SE 19TH AVE**

**CAPE CORAL**

**CAPE CORAL**

**FL**

**33904**

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 *James F Gravedoni*

**JAMES F GRAVEDONI DP**

**MARCH 19, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
 NAME **GRAVEDONI, JAMES F**  
 STREET ADDRESS **1115 S.E. 12TH PLACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☒ Change ☐ Addition  
 NAME **3813 SE 19TH AVE**  
 STREET ADDRESS **CAPE CORAL FL 33904**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **DST** ☐ Delete  
 NAME **GRAVEDONI, MARTHA JEAN**  
 STREET ADDRESS **1115 S.E. 12TH PLACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☒ Change ☐ Addition  
 NAME **3813 SE 19TH AVE**  
 STREET ADDRESS **CAPE CORAL FL 33904**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *MARTHA JEAN GRAVEDONI* **MARTHA JEAN GRAVEDONI**

**MARCH 19, 2002**

Date

**239-549-6223**

CR2E034 (9/01)