

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90103 042 ***150.00

DOCUMENT # P93000040986

1. Entity Name
GREENBLATT CARPENTRY, INC.

Principal Place of Business

**3651 ARNOLD AVE.
 NAPLES FL 34104
 US**

Mailing Address

**2294 QUEENS WAY
 NAPLES FL 34112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0415911**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GREENBLATT, TERRI
 2294 QUEENS WAY
 NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 *TERRI L. GREENBLATT VP* *2/6/02*
 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 **PD** ☐ Delete
 NAME **GREENBLATT, DAVID Z**
 STREET ADDRESS **2294 QUEENS WAY**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VSTD** ☐ Delete
 NAME **GREENBLATT, TERRI L**
 STREET ADDRESS **2294 QUEENS WAY**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VPD** ☐ Delete
 NAME **TAGLIASACCHI, FABIO**
 STREET ADDRESS **5501 RATTLE SNAKE RD #114**
 CITY-ST-ZIP **NAPLES FL 34113**

TITLE **VPD** ☐ Delete
 NAME **GABART, PHILIPPS F**
 STREET ADDRESS **4747 VIA CARMEN**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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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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: *TERRI L. GREENBLATT VP* *2/6/02* *941-530-3067*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)