FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90216 006 ***150.00

ORATION FILED Jan 27, 2003 8

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

P94000058275

DOCUMENT #

1. Entity Name

GIANNETTI CONTRACTING OF FLORIDA, INC.



Principal Place of Business Mailing Address 1132 NE 48TH STREET 1132 NE 48TH STREET POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0510175 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIANNETTI, RICK Street Address (P.O. Box Number is Not Acceptable) 1132 NE 48TH STREET POMPANO BEACH FL 33064 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE TITLE ☐ Addition GIANNETTI, RICKY NAME NAME STREET ADDRESS | 1132 NE 48TH STREET STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE REPORTS

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/22/03 (954)786-1622

☐ Change

☐ Addition

CR2E034 (10/02)