

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90111 002 \*\*\*150.00

**DOCUMENT # P94000070733**

1. Entity Name

**GIUNTA, INC.**

Principal Place of Business

Mailing Address

**HYDE PARK AVE., SUITE 215**  
**TAMPA FL 33606****P.O. BOX 2601**  
**TAMPA FL 33601-2601**  
**US**

2. Principal Place of Business

**2701 W. Busch Blvd.**

3. Mailing Address

**2701 W. Busch Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 118****Suite 118**

City &amp; State

**Tampa, FL**

City &amp; State

**Tampa, FL**

4. FEI Number

**59-3269057**

Applied For

Not Applicable

Zip

Country

**33618****USA**

Zip

Country

**33618****USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BOGGS, E. JACKSON**  
**501 E. KENNEDY BLVD.**  
**SUITE 1700**  
**TAMPA FL 33602**

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

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, 2000 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 | NAME        | STREET ADDRESS             | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
|       | <b>DVPT</b> | <b>GIUNTA, EDWARD F</b>    | <b>10103 HAMPTON PL</b>  |                                 |
|       |             | <b>TAMPA FL</b>            |                          |                                 |
| TITLE | NAME        | STREET ADDRESS             | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
|       | <b>DVP</b>  | <b>GIUNTA, EDWARD F II</b> | <b>3010 SAMARA RD.</b>   |                                 |
|       |             | <b>TAMPA FL 33618</b>      |                          |                                 |
| TITLE | NAME        | STREET ADDRESS             | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
|       | <b>DP</b>   | <b>GIUNTA, GRACE G</b>     | <b>576 RIVIERA DRIVE</b> |                                 |
|       |             | <b>TAMPA FL 33606</b>      |                          |                                 |
| TITLE | NAME        | STREET ADDRESS             | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
|       | <b>DVP</b>  | <b>GIUNTA, RICHARD S</b>   | <b>2508 S. DUNDEE</b>    |                                 |
|       |             | <b>TAMPA FL 33629</b>      |                          |                                 |
| TITLE | NAME        | STREET ADDRESS             | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
|       |             |                            |                          |                                 |
| TITLE | NAME        | STREET ADDRESS             | CITY-ST-ZIP              | <input type="checkbox"/> Delete |
|       |             |                            |                          |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|       |      |                |             |   |
|-------|------|----------------|-------------|---|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                |             |   |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                |             |   |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                |             |   |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                |             |   |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |      |                |             |   |

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:

**Edward F. Giunta, II**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-1-00 (813)915-0444**

Date

Daytime Phone #

CR2E034 (9/99)