

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91183 047 ***150.00

DOCUMENT # **P9500005068**

1. Entity Name **Guiliano And Assoc. Inc.**

Principal Place of Business
14 Clearview Drive
Safety Harbor Fla.
34695

Mailing Address
P.O. Box 727
Safety Harbor Fla.
34695

C0069954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **SAME AS**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Above** City & State

4. Filing Number **59-3322877**

Applied For
 Not Applicable

Zip Country

Zip Country

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

Michael J. Guiliano
SAME AS ABOVE

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 **Michael J. Guiliano**

(NOTE: Registered Agent signature required when reinstating)

5/15/2001
 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW! FEE IS \$150.00

After MAY 1, 2001 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 **President**
 NAME **Michael J. Guiliano** Delete
 STREET ADDRESS **14 Clearview Drive**
 CITY-ST-ZIP **Safety Harbor Fla. 34695**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **Sharon Guiliano** Delete
 STREET ADDRESS **14 Clearview Drive**
 CITY-ST-ZIP **Safety Harbor Fla. 34695**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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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 no 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 employees.

SIGNATURE: **Michael J. Guiliano**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/2001 **727-724-3637**
 Date Daytime Phone #

CR2E034 (11/00)