

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90020 048 ***150.00

DOCUMENT # P95000050847

1. Entity Name

GIRI, INC.

Principal Place of Business

**5900 SOUTH TAMiami TRAIL
 SUITE K
 SARASOTA FL 34231**

Mailing Address

**5900 SOUTH TAMiami TRAIL
 SUITE K
 SARASOTA FL 34231**

2. Principal Place of Business

687 CENTRAL AVE

Suite, Apt. #, etc.

3. Mailing Address

671 CENTRAL AVE

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

Country

33701

USA

Zip

FL 33701

Country

USA

4. FEI Number

59-3326816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RIFUGIATO, TONY
 5900 SOUTH TAMiami TRAIL
 SUITE K
 SARASOTA FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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]

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 ☐ Delete
 NAME **D HUNDLEYU, DAVID**
 STREET ADDRESS **2136 BONITA WAY SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Delete
 NAME **D RIFUGIATO, GAETANO**
 STREET ADDRESS **5900 SOUTH TAMiami TRAIL STE K**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME **BERENOS, MICHAEL J**
 STREET ADDRESS **2903 STONELAND LANE**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
 NAME **DT WEBBER, ANDY**
 STREET ADDRESS **4836 FLAMINGO RD**
 CITY-ST-ZIP **TAMPA FL 33611**

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 **D RIFUGIATO GAETANO**
 STREET ADDRESS **3535 7th Ave N**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **1541 NE Eden Isle Blvd.**
 CITY-ST-ZIP **St. Petersburg, FL 33709**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Feb 02

Date

Daytime Phone #

CR2E034 (9/01)