

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 24, 2003 8:00 am
Secretary of State

06-24-2003 90036 001 ***450.00

DOCUMENT # **P95000050847**
1. Entity Name
Giri, Inc.

55049754

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
687 Central Ave.
Suite, Apt. #, etc.
City & State
St. Petersburg, FL
Zip
33701 Country
Pineellas

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59.3324816
Applied For
Not Applicable
5. Certificate of Status Declined ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Rifugialo, Tony
Street Address (P.O. Box Number is Not Applicable)
687 Central Ave.
City
St. Petersburg FL Zip Code
33701

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
Tony Rifugialo DATE
6/15/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State
9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DAVE HUNOKEY 2134 Bonita Way South St. Petersburg, FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Rifugialo, GAELAND 3535 7th Ave. N St. Petersburg, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer ANNEW R. WEBBER 3005 SAN ISIDRO ST. Tampa, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE
6/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/02)