

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90011 041 ***150.00

DOCUMENT # P95000074201

1. Entity Name

GIARDINI & ASSOCIATES, INC.



Principal Place of Business

6863 SAGEBRUSH CIRCLE

SARASOTA FL 34243-345

US

Mailing Address

6863 SAGEBRUSH CIRCLE

SARASOTA FL 34243-345

US

2. Principal Place of Business

6520 GRAND POINT AVENUE

Suite, Apt. #, etc.

3. Mailing Address

6520 GRAND POINT AVENUE

Suite, Apt. #, etc.

City & State

UNIVERSITY PARK FL

Zip

34201-2123

Country

USA

City & State

UNIVERSITY PARK FL

Zip

34201-2123

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORIA, RIC
200 SOUTH ORANGE AVE.
SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PT** ☐ Delete
NAME **GIARDINI, GREGORY L**
STREET ADDRESS **6863 SAGEBRUSH CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34243-5345**

TITLE **S** ☐ Delete
NAME **GIARDINI, MARILYN J**
STREET ADDRESS **6863 SAGEBRUSH CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34243-5345**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Change ☐ Addition
NAME **GIARDINI, GREGORY L**
STREET ADDRESS **6520 GRAND POINT AVENUE**
CITY-ST-ZIP **UNIVERSITY PARK FL 34201-2123**

TITLE **S** ☐ Change ☐ Addition
NAME **GIARDINI, MARILYN J**
STREET ADDRESS **6520 GRAND POINT AVENUE**
CITY-ST-ZIP **UNIVERSITY PARK FL 34201-2123**

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

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

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

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

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

SIGNATURE:

SIGNATURE REQUIRED
GREGORY L. GIARDINI

1-7-03

941-358-8170

Date

Daytime Phone #

CR2E034 (10/02)