

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90165 014 ***158.75

DOCUMENT # P96000015831

1. Entity Name
G. V. MAJORANA, INC.



Principal Place of Business
**10314 US HWY 19
PORT RICHEY FL 34668
US**

Mailing Address
**10314 US HWY 19
PORT RICHEY FL 34668
US**



2. Principal Place of Business

3. Mailing Address

5057 GLENN DRIVE

5057 GLENN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

NEW PORT RICHEY FLORIDA

City & State

NEW PORT RICHEY FLORIDA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip **34652**

Country **FLORIDA USA**

Zip **34652**

Country **USA**

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

**MAJORANA, GEORGE V
10314 US 19
PORT RICHEY FL 34668**

Name **ELIZABETH M. MAJORANA**

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

5057 GLENN DRIVE

City **NEW PORT RICHEY FL** Zip Code **34652**

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 **ELIZABETH M. MAJORANA PRESIDENT**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAJORANA, GEORGE V	
STREET ADDRESS	4324 HARNEY CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ELIZABETH M. MAJORANA	
STREET ADDRESS	5057 GLENN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FLORIDA 34652	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	GEORGE V. MAJORANA	
STREET ADDRESS	5057 GLENN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/03

7278472609

Date

Daytime Phone #

CR2E034 (10/02)