

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024565

1. Entity Name
GIANNETTA, INC.

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90347 049 ***150.00

Principal Place of Business

4050 PALM STREET
ST AUGUSTINE FL 32095

Mailing Address

4050 PALM STREET
ST AUGUSTINE FL 32095

DEP
F



2. Principal Place of Business

St Augustine FL
Suite, Apt. #, etc.
4050 Palm St

3. Mailing Address

4050 Palm St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St Augustine FL

City & State

St Augustine FL

4. FEI Number

59-3382655

Applied For

Not Applicable

Zip

32084

Country

St Johns

Zip

32084

Country

St Johns

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES E JR
77 ALMERIA STREET
ST AUGUSTINE FL 32084

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.

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!!! FEÉ 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GIANNETTA, STEVEN J
4050 PALM STREET
ST AUGUSTINE FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
GIANNETTA, CYNTHIA K
4050 PALM STREET
ST AUGUSTINE FL 32095 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 of Steven J. Giannetta

4/9/02 904 829-6260

CR2E034 (9/01)