## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State DOCUMENT # P97000063783 1. Entity Name 05-21-2002 90874 022 \*\*\*150.00 GIULIO, INC. Principal Place of Business Mailing Address 1710 SW 43RD TERR. 1710 SW 43RD TERR. HU108079 **CAPE CORAL FL 33914** CAPE CORAL FL 33914 Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0770149 Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIULIANO, FRANK® Street Address (P.O. Box Number is Not Acceptable) 1710 SW 43RD TERR. CAPE CORAL FL 33914 8. The above named entity submits this statement for the purples of changing its registered office or registered agent, or both, in the State of Florida. istered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE Change Change ☐ Addition NAME GIULIANO, FRANK STREET ADDRESS 1710 SW 43RD TERR. STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 chapted report as no attachment with the production of the corporation o

SIGNATURE: