

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

0105212 AV

**DOCUMENT # P97000063783**

1. Entity Name  
**GIULIO, INC.**



02-21-2003 90135 022 \*\*\*150.00  
09-08-2003 90135 025 \*\*\*550.00

Principal Place of Business  
**4417 SW 18TH PL  
CAPE CORAL FL 33914**

Mailing Address  
**4417 SW 18TH PL  
CAPE CORAL FL 33914**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0770149**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**GIULIANO, FRANK  
4417 SW 18 PL  
CAPE CORAL FL 33914**

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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **D** ☐ Delete  
NAME **GIULIANO, FRANK**  
STREET ADDRESS **1710 SW 43RD TERR.**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **Pres.** ☒ Change ☐ Addition  
NAME **Giuliano, Frank**  
STREET ADDRESS **4417 SW 18 PL**  
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Sec.** ☐ Change ☒ Addition  
NAME **marlene Giuliano**  
STREET ADDRESS **4417 SW 18 PL**  
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **John Giuliano** ☐ Change ☒ Addition  
NAME **John Giuliano**  
STREET ADDRESS **3935 Country Club BL**  
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-4-03 239-470-8632**  
Date Daytime Phone #

CR2E034 (4/03)