

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-08-2003 90071 008 \*\*\*150.00

**DOCUMENT # P98000020907**

1. Entity Name  
**G. R. FACCONI, INCORPORATED**



Principal Place of Business  
**1511 EAST LAS OAKS BLVD.  
FT. LAUDERDALE FL 33301**

Mailing Address  
**455 N. VICTORIA PARK ROAD  
FT. LAUDERDALE FL 33301**



2. Principal Place of Business  
**1511 EAST LAS OAKS BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1511 EAST LAS OAKS BLVD.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State <b>FORT LAUDERDALE, FL</b>		4. FEI Number <b>65-0823501</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33301</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>STONE, ADELE I 1946 TYLER STREET HOLLYWOOD FL 33022</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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 <b>PD</b>	<input type="checkbox"/> Delete <b>SHERIDAN, PETER D 455 N VICTORIA PARK RD FORT LAUDERDALE FL 33301</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VPDT</b>	<input type="checkbox"/> Delete <b>FACCONI, GARY R 455 N VICTORIA PARK ROAD FORT LAUDERDALE FL 33301</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** Peter D. Sheridan **1/4/03 (954) 522-2347**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)