

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078252

1. Entity Name

GIGLIOTTI CONTRACTING NORTH, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90129 035 ***150.00

Principal Place of Business

8042 OLD CR 54
NEW PT RICHEY FL 34653

Mailing Address

8042 OLD CR 54
NEW PT RICHEY FL 34653

2. Principal Place of Business

8040 Old CR 54

Suite, Apt. #, etc.

3. Mailing Address

8040 Old CR 54

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
New Port Richey, FL

City & State
New Port Richey, FL

4. FEI Number 65-0875062

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

GIGLIOTTI, JOSEPH
10504 US HWY 41N
PALMETTO FL 34221

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's 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!!! FEE IS \$150.00
After MAY 1, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	GIGLIOTTI, JOSEPH	
STREET ADDRESS	10504 US HWY 41N	
CITY-STATE-ZIP	PALMETTO FL 34221	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MERUCCI, LOUIS	
STREET ADDRESS	413 PEPPERTREE LN	
CITY-STATE-ZIP	ANNA MARIA FL 34216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gigliotti, Joseph	
STREET ADDRESS	P.O. Box 14792	
CITY-STATE-ZIP	Bradenton, FL 34280	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Merucci, Louis G.	
STREET ADDRESS	7610 DeSoto Memorial Highway	
CITY-STATE-ZIP	Bradenton, FL 34209	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gavarny, Edward C.	
STREET ADDRESS	12491 Old Crystal River Road	
CITY-STATE-ZIP	Brooksville, FL 34601	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry A. Rhodes	
STREET ADDRESS	13103 Mink Run	
CITY-STATE-ZIP	Hudson, FL 34669	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward C. Gavarny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward C. Gavarny

4-17-01

727-375-8121

Date

Daytime Phone #

CR2E034 (10/00)