## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P98000078252 **DOCUMENT #**



## **FILED** Mar 24, 2003 8:00 am § Secretary of State

1. Entity Nar GIGLIOT		RACTING NORTH	03-24-2003 90133 035 ***150.00							
8040 OLD C	ce of Busines R 54 RICHEY FL 34		Mailing Address 8040 OLD CR 54 NEW PORT RICHEY FL :	<del>-</del>			1818  1811  881   186	<b> </b>		
2. Principal	Place of Busi	ness	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 65-0875062 Applied Fo				oplied For ot Applicable
Zip		Country	Zip	Country		5. Certificate of St	tatus Desired		75 Ad Require	ditional
6. Name and Address of Current Registered Agent						_7. Name and Add	ress of New Reg	istered Agen	t_	-
					Name				•	
	TI, JOSEPH S HWY 41N				Street Address (P.O. Box Number is Not Acceptable)					
PALMETTO FL 34221							<del></del>			_
				1	City				Zip Cod	
8. The above the obligation	e named entity tions of regist	y submits this statement i ered agent.	or the purpose of changing its	registered	office or registe	red agent, or both, in	the State of Florid	la. I am familia	ar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered ager	t and title if applicable. (NOT	E: Registered Ac	ent signature required	d when reinstating)		DATE		<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							n Campaign Finan and Contribution.	cing	<b>\$5.0</b> Added	O May Be to Fees
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRE	CTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIGLIOTTI P.O. BOX BRADENTI		☐ Delete	TITLE NAME STREET A CITY-ST-					Change	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP	STD MERUCCI, 7610 DES	<b>-</b> 1	☐ Delete	TITLE NAME STREET A CITY-ST-					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12491 OLI BROOKSV	EDWARD C CRYSTAL RIVER RO ILLE FL 34601	Delete AD	TITLE FNAME STREET AI CITY-ST-			pr		hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RHODES, 13103 MIN HUDSON I	k run	☐ Delete	TITLE NAME STREET AT CITY-ST-	· · · · · · · · · · · · · · · · · · ·		10		hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AL CITY-ST-				□ C	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AC CITY-ST-2				CI	hange	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 contrusted 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 attacture of the corporation of the

SIGNATURE AND TYPED OR PENTLED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE (

3/20/03

727-375-8121

Daytime Phone #