

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084033

1. Entity Name

GIUMMARRA ELECTRIC, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90080 043 ***158.75

Principal Place of Business

7097 S. THRESHOLD POINT
HOMOSASSA FL 34446

Mailing Address

7097 S. THRESHOLD POINT
HOMOSASSA FL 34446-3545

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0867079

Applied For

Not Applicable

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

NELSON, JOHN A
2218 HWY. 44 WEST
INVERNESS FL 34453

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 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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIORETTI, JOSEPH	
STREET ADDRESS	7097 S. THRESHOLD POINT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANKINSON, WILLIAM	
STREET ADDRESS	3273 MYSTIC PORT PLCEE	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIUMMARRA, JOSEPH	
STREET ADDRESS	100 OCEAN AVE.	
CITY-ST-ZIP	WARETOWN NJ 08758	
TITLE	S	<input type="checkbox"/> Delete
NAME	FIORETTI, ELIZABETH G	
STREET ADDRESS	7079 S. THRESHOLD POINT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	803 GARFIELD AVE.	
CITY-ST-ZIP	TOMS RIVER NJ 08753	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	255 PULLEY AVE	
CITY-ST-ZIP	MANAHAWKIN NJ 08050	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7097 S. Threshold Pt	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH C. FIORETTI

4/24/2000 352-628-2796

CR2E034 (9/99)