

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90117 014 ***158.75

DOCUMENT # P98000084033

1. Entity Name

GIUMMARRA ELECTRIC, INC.

Principal Place of Business

7097 S. THRESHOLD POINT
HOMOSASSA FL 34446

Mailing Address

7097 S. THRESHOLD POINT
HOMOSASSA FL 34446

2. Principal Place of Business

2263 N. PENNSYLVANIA AVE.

Suite, Apt. #, etc.

3. Mailing Address

2263 N. PENNSYLVANIA AVE.

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

Zip

34429

Country

USA

City & State

CRYSTAL RIVER, FL

Zip

34429

Country

USA

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

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

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

Joseph Giummarra

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 type="checkbox"/> Delete
NAME	FIORETTI, JOSEPH	
STREET ADDRESS	7097 S. THRESHOLD POINT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GIUMMARRA, JOSEPH	
STREET ADDRESS	255 PULLEY AVE	
CITY-ST-ZIP	MANAHAWKIN NJ 08050	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FIORETTI, ELIZABETH G	
STREET ADDRESS	7097 S THRESHOLD PT	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KASPER, LEONARD	
STREET ADDRESS	10861 N MINI HORSE TERRACE	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	K.P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIUMMARRA, JOSEPH	
STREET ADDRESS	5344 MUZZLELOADERS COURT	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASPER, LEONARD	
STREET ADDRESS	510861 N MINI HORSE TERR.	
CITY-ST-ZIP	DUNNELLON, FL 34433	
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:

Joseph Giummarra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02 (352) 563-1166