

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91871 045 \*\*\*158.75

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AV

**DOCUMENT # P98000084033**

1. Entity Name  
**GIUMMARRA ELECTRIC, INC.**



Principal Place of Business  
~~2263 N. PENNSYLVANIA AVE.~~  
~~CRYSTAL RIVER FL 34429~~

Mailing Address  
~~2263 N. PENNSYLVANIA AVE.~~  
~~CRYSTAL RIVER FL 34429~~

2. Principal Place of Business  
**4489 N. CITRUS AVE.**

3. Mailing Address  
**4489 N. CITRUS AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**CRYSTAL RIVER, FL**

City & State  
**CRYSTAL RIVER, FL**

4. FEI Number **65-0867079**

Applied For  
Not Applicable

Zip  
**34428**

Country  
**GITRUS**

Zip  
**34428**

Country  
**GITRUS**

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 34450~~

Name  
**CARL A. BERTOCH**  
Street Address (P.O. Box Number is Not Acceptable)  
**537 E. PARK AVE.**

City  
**TALLAHASSEE** **FL** Zip Code  
**32315-3106**

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

*[Signature]*

*Carl A. Bertoch*

*5 Feb 03*

Signature, typed or printed name of registered agent and title if applicable.

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**GIUMMARRA, JOSEPH**  
**5344 MUZZLELOADERS CT**  
**INVERNESS FL 34450**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**GIUMMARRA, Joseph**  
**1748 Alhambra Drive**  
**Citrus Springs, FL 34434**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD**  
**KASPER, LEONARD**  
**10861 N MINI HORSE TERRACE**  
**DUNNELLON FL 34433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph Giummarra*

Date

Daytime Phone #

CR2E034 (10/02)