

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

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

05-05-2003 91889 046 ***150.00

DOCUMENT # P99000035962

1. Entity Name

GIRO HOLDINGS, INC.



DO NOT WRITE IN THIS SPACE

11040505

changes X

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3949 Kiawa Drive

3. Mailing Address
717 E. Oak Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Kissimmee, FL

4. FEI Number
59-3571448

Applied For
Not Applicable

Zip 32837
Country USA

Zip 34744
Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Flinn, Robin

Street Address (P.O. Box Number is Not Acceptable)
3949 Kiawa Drive

City Orlando **FL** **Zip Code** 32837

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE DPST
NAME Flinn, Robin
STREET ADDRESS 3949 Kiawa Drive
CITY-ST-ZIP Orlando, FL 32837

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CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

4-30-03

CR2E034B (12/02)