2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042290

1. Entity Name

GARY COLAIANNI COMPANY

**FILED
May 16, 2001 8:00 am
Secretary of State**

05-16-2001 90381 027 ***150.00

Principal Place of Business	Mailing Address
8000 BAYMEADOW E. #66 JACKSONVILLE FL 32256	8000 BAYMEADOW E. #66 JACKSONVILLE FL 32256

2. Principal Place of Business
8000 Baymeadows Circle East #66

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
8000 Baymeadows Circle East #66

DO NOT WRITE IN THIS SPACE

City & State	City & State	**4.** FEI Number **59-3580098**	Applied For
			Not Applicable

Zip	Country	Zip	Country	**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**
COLAIANNI, GARY **8000 BAYMEADOW E. #66** **JACKSONVILLE FL 32256**	Name ___ Street Address (P.O. Box Number is Not Acceptable) **8000 Baymeadows Circle East #66** 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) ☒	**FILE NOW!!! FEE IS $150.00** After MAY 1, 2001 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 **P** NAME **COLAIANNI, CARY** STREET ADDRESS **8000 BAYMEADOWS CIR E #66** CITY-ST-ZIP **JACKSONVILLE FL 32256**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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~_   5-14-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #