

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070496

1. Entity Name
GRAVANTI ENTERPRISES, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90027 024 ***150.00

Principal Place of Business
DBA: THE HAIR GALLERY
2120 OLEAN BLVD A.S
PORT CHARLOTTE FL 33952

Mailing Address
22192 ONEIDA AVENUE
PORT CHARLOTTE FL 33952

532476



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2120 2 Olean Blvd.

3. Mailing Address

Suite, Apt. #, etc.
A-5

Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL.

City & State

4. FEI Number 65-0935646

Applied For
Not Applicable

Zip 33952 Country Charlotte

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

GRAVAGNA, THOMAS A
22192 ONEIDA AVENUE
PORT CHARLOTTE FL 33952

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 *Thomas A. Gravagna*
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4-13-01

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 D ☐ Delete
NAME GRAVAGNA, THOMAS A
STREET ADDRESS 22192 ONEIDA AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE D ☐ Delete
NAME GRAVAGNA, RITA
STREET ADDRESS 22192 ONEIDA AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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: *Thomas A. Gravagna*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 941)624-5962
Date Daytime Phone #

CR2E034 (10/00)