

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90492 005 ***150.00

DOCUMENT # P99000070496

1. Entity Name
GRAVANTI ENTERPRISES, INC.

Principal Place of Business
2120 OLEAN BLVD A-5
PORT CHARLOTTE FL 33952

Mailing Address
22192 ONEIDA AVENUE
PORT CHARLOTTE FL 33952

2. Principal Place of Business

21202 Olean Blvd A-5

3. Mailing Address

Suite, Apt. #, etc.

City & State
Port Charlotte FL

City & State

4. FEI Number

65-0935646

Applied For

Not Applicable

Zip
33952

Country
USA

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.

(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

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4-9-02

941) 624-5962

Date

Daytime Phone #

CR2E034 (9/01)