

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90047 044 ***158.75

DOCUMENT # P99000096141

1. Entity Name

GUERRIERI MANAGEMENT, INC.

Principal Place of Business

Mailing Address

842 MIRIMAR
 CAPE CORAL FL 33904

842 MIRIMAR
 CAPE CORAL FL 33904

C0019807

2. Principal Place of Business

3. Mailing Address

1128 COUNTRY CLUB BLVD.

1128 COUNTRY CLUB BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAPE CORAL, FL

CAPE CORAL, FL

4. FEI Number

65-0961682

Applied
 Not Applied

Zip

Country

Zip

Country

33990 USA

33990 USA

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

~~GUERRIERI, GORDON~~
~~842 MIRIMAR~~
~~CAPE CORAL FL 33904~~

Name

N/A

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

Gordon N. Guerrieri

1-13-00

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) *N/A*

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 Added to F.

N/A

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> Delete
NAME	<i>GORDON N. GUERRIERI</i>	
STREET ADDRESS	<i>1128 COUNTRY CLUB BLVD.</i>	
CITY-ST-ZIP	<i>CAPE CORAL, FL</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change
NAME		
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gordon N. Guerrieri

1-13-00

(941) 573-21

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #