

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2001 8:00 am  
Secretary of State

03-07-2001 90609 012 \*\*\*150.00

DOCUMENT # S16121

1. Entity Name

GIULIANA ASSOCIATES, CHARTERED

Principal Place of Business

811A DOUGLAS AVENUE  
DUNEDIN FL 34698  
US

Mailing Address

811A DOUGLAS AVENUE  
DUNEDIN FL 34698  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3041868

Applied For

Not Applicable

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

SHEAR, L. DAVID  
201 E. KENNEDY BLVD.  
SUITE 1000  
TAMPA FL 33602

Name

Christopher N. Giuliana

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

811A Douglas Avenue

City

Dunedin

FL

Zip Code  
34698

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 *Chris N. Giuliana*  
Signature, typed or printed name of registered agent and title if applicable.

Christopher N. Giuliana

(NOTE: Registered Agent signature required when reinstating)

DATE

*March 5, 2001*

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 PD  
NAME GIULIANA, CHRISTOPHER N.  
STREET ADDRESS 1849 BARCELONA DR.  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE TS  
NAME GIULIANA, CHRISTOPHER N.  
STREET ADDRESS 1849 BARCELONA DR.  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP ☐ Delete

TITLE PTS D  
NAME Christopher N. Giuliana  
STREET ADDRESS 811A Douglas Avenue  
CITY-ST-ZIP Dunedin, FL 34698 ☐ Change ☐ Addition

TITLE D  
NAME S. Noel White  
STREET ADDRESS 811A Douglas Avenue  
CITY-ST-ZIP Dunedin, FL 34698 ☐ Change ☐ Addition

TITLE D  
NAME Peggy J. Wiley  
STREET ADDRESS 811A Douglas Avenue  
CITY-ST-ZIP Dunedin, FL 34698 ☐ Change ☐ Addition

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

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

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

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 or other like empowered.

SIGNATURE: *Chris N. Giuliana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher N. Giuliana

Date

Daytime Phone #

*3/5/01* 727-735-0645

CR2E034 (10/00)