

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91747 029 ***150.00

DOCUMENT # V23409 ✓
1. Entity Name

CARRIAGE COURT OF INDIALANTIC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2448 Carriage Ct
Suite, Apt. #, etc.
3. Mailing Address 2448 Carriage Ct
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Indialantic FL City & State Indialantic FL 4. FEI Number 59-3120576 Applied For Not Applicable
Zip 32903 Country USA Zip 32903 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Kyle M. Siptroth
Street Address (P.O. Box Number is Not Acceptable) 2466 Carriage Ct
City Indialantic **FL** Zip Code 32903

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 Michael N. Giuliano Pres. DATE May 15, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>Giuliano, Michael P</u> <u>2448 Carriage Ct</u> <u>Indialantic, FL 32903</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>Siptroth, Kyle S/T</u> <u>2466 Carriage Ct</u> <u>Indialantic, FL 32903</u> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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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 on an attachment with an address, with all other like empowerers.

SIGNATURE: Michael N. Giuliano Michael N. Giuliano 321-777-8710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)