

**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**

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

**DO NOT WRITE
IN THIS SPACE**

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

May 15, 2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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**

Giuliano, Michael P
2448 Carriage Ct
Indialantic, FL 32903

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

Siptroth, Kyle S/T
2466 Carriage Ct
Indialantic, FL 32903

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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CITY - ST - ZIP**

**DO NOT WRITE
IN THIS SPACE**

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 empowered

SIGNATURE: Michael N. Giuliano Michael N. Giuliano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

321-777-8710

5-15-02

CR2E034B (12/01)