

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90068 028 ***150.00

DOCUMENT # 549023

1. Entity Name

POZZI ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3937 LAKE JOYCE DRIVE
 LAND O LAKES FL 34639

3937 LAKE JOYCE DRIVE
 LAND O LAKES FL 34639-4692

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

59-1806807

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROCK, DANIEL P PA
5426 CRAFTS STREET
NEW PORT RICHEY FL 34652-3963

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

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DURBAK, JANICE P		NAME	
STREET ADDRESS 1637 SAN ANTONE LANE		STREET ADDRESS	
CITY-ST-ZIP LEWISVILLE TX 75067		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POZZI, JOHN C		NAME	
STREET ADDRESS 12255 PASCO TRAILS BOULEVARD		STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL 34610		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POZZI, NOVEMBER J		NAME	
STREET ADDRESS 3614 CARROLLWOOD PLACE CIRCLE #108		STREET ADDRESS 17536 Highwayer Drive, #D-1	
CITY-ST-ZIP TAMPA FL 33624		CITY-ST-ZIP New Port Richey, FL 34655	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Janice P. Durbak
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-00 972-7265076

CR2E034 (9/99)