

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90057 040 ***150.00

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

DOCUMENT # **P01000000359** ✓

1. Entity Name
Vozzcom Inc

870161

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8688 NW 47th Drive
 Suite, Apt. #, etc.

3. Mailing Address
8688 NW 47th Drive
 Suite, Apt. #, etc.

City & State
Coral Springs FL
 Zip **33067** Country **USA**

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Coral Springs FL
 Zip **33067** Country **USA**

4. FEI Number
65-1069712
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name **Doreen Vozzola**

Street Address (P.O. Box Number is Not Acceptable)
8688 NW 47th Drive

City **Coral Springs FL** Zip Code **33067**

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 UBR # 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)

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$350.00
 Amended UBR is \$812.00
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Doreen Vozzola 8688 NW 47th Dr Coral Springs FL 33067
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: **Doreen Vozzola Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 **954-753-8600**
Date Daytime Phone #



Attachment

870161

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 30, 2002

VOZZCOM, INC.
8688 NW 47TH DRIVE
CORAL SPRINGS, FL 33067

Subject: VOZZCOM, INC.

Reference Number: P0100000359

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/GW
ANNUAL REPORTS SECTION