

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90017 018 ***150.00

DOCUMENT # P97000102076

1. Entity Name
THE CANZERI COMPANY, INC.

Principal Place of Business Mailing Address

2747 BLANDING BLVD 2747 BLANDING BLVD
 SUITE 102 SUITE 102
 MIDDLEBURG FL 32068 MIDDLEBURG FL 32068-5653
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

604 CRANDON BLVD **604 CRANDON BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

205 **# 205**

City & State City & State

KEY BISCAIYNE **KEY BISCAIYNE**

Zip Country Zip Country

33149 **USA** **FL-33149** **USA**

4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~CHAPMAN, FRAN~~
~~2747 BLANDING BLVD~~
~~SUITE 102~~
~~MIDDLEBURG FL 32068~~

7. Name and Address of New Registered Agent

Name **PAUL R. AUCHTER**

Street Address (P.O. Box Number is Not Acceptable)
205
604 CRANDON BLVD

City **KEY BISCAIYNE** FL Zip Code **33149**

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 **PAUL R. AUCHTER** **03/08/00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANZERI, PATRICIAN 2747 BLANDING BLVD., STE 102 MIDDLEBURG FL 32068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANZERI, PATRICIA NOVAK 604 CRANDON BLVD #205 KEY BISCAIYNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANZERI, JOSEPH W 2747 BLANDING BLVD., STE 102 MIDDLEBURG FL 32068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANZERI, JOSEPH W 604 CRANDON BLVD #205 KEY BISCAIYNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AUCHTER, PAUL R 1111 CRANDON BLVD, #C-702 KEY BISCAIYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **JOSEPH W. CANZERI** **03/08/00** **(917)603-4456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)