

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State
 04-11-2000 90005 002 ***150.00

DOCUMENT # V18622

1. Entity Name
MAZ INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~CASIMIR ALLEY CAPE~~
~~17000 US 19 N~~
~~CLEARWATER FL 34624~~

~~17028 U.S. HIGHWAY 19 NORTH~~
~~CLEARWATER FL 33764-3314~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 303
 Suite, Apt. #, etc.

P.O. Box 303
 Suite, Apt. #, etc.

City & State
ODESSA FL
 Zip
33556
 Country
PASCO

City & State
ODESSA FL
 Zip
33556
 Country
PASCO

4. FEI Number
59-3120116

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUCCOLILLO, MICHAEL
~~17028 U.S. HIGHWAY 19 NORTH~~
~~CLEARWATER FL 34624~~

Name
Louis Bakkalapulo, PA
 Street Address (P.O. Box Number is Not Acceptable)
111 N. Belcher Rd. Ste. 201
 City
Clearwater FL Zip Code
33765

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

(NOTE: Registered Agent signature required when reinstating)

DATE
3/17/00

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
PST
ZUCCOLILLO, MICHAEL
17028 US HIGHWAY 19 NO.
CLEARWATER FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PST
Zuccolillo Michael
P.O. Box 303
ODESSA, FL 33556

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
ZUCCOLILLO, MICHAEL
17028 US HIGHWAY 19 NO.
CLEARWATER FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
Zuccolillo Michael
P.O. Box 303
ODESSA, FL 33556

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00
 Date

Daytime Phone #

CR2E034 (9/99)