

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90692 044 ***550.00

DOCUMENT # 254078

1. Entity Name

COLUMBIA JOBBING CO INC

Principal Place of Business

**1702 E 5TH AVENUE
TAMPA FL 33605**

Mailing Address

**1702 E 5TH AVENUE
TAMPA FL 33605**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0947223

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAZZARA, NELSON D.
1702 E 5TH AVENUE
TAMPA FL 33605**

7. Name and Address of New Registered Agent

Name

Joseph A Gonzalez

Street Address (P.O. Box Number is not acceptable)

1702 E. 5TH AVENUE

City

TAMPA

FL

Zip Code

33605

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

President Columbia Jobbing Co.

5-23-02

(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, 2002 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

TITLE ☐ Delete

NAME **CONZALEZ, JOSEPH**

STREET ADDRESS **4211 W ZELAN**

CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ Delete

NAME **LAZZARA, NELSON D**

STREET ADDRESS **213 S. GUNLOCK AVENUE**

CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete

NAME **LAZZARA, AUDREY J.**

STREET ADDRESS **213 S. GUNLOCK AVENUE**

CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete

NAME **GIANNELLA, MILLER L**

STREET ADDRESS **311 S MOODY AVE**

CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

4211 W. ZELAN STREET

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-02

Date

(813) 248-4142

Daytime Phone #

CR2E034 (9/01)