2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # 549023** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name POZZI ENTERPRISES, INC. 04-20-2000 90068 028 ***150.00 Principal Place of Business Mailing Address 3937 LAKE JOYCE DRIVE 3937 LAKE JOYCE DRIVE. LAND O LAKES FL 34639-4692 LAND O LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1806807 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROCK, DANIEL P PA Street Address (P.O. Box Number is Not Acceptable) 5426 CRAFTS STREET NEW PORT RICHEY FL 34652-3963 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE **DURBAK, JANICE P** NAME STREET ADDRESS STREET ADDRESS 1637 SAN ANTONE LANE CITY-ST-ZIP CITY-ST-ZIP **LEWISVILLE TX 75067** ☐ Change Addition ☐ Delete TITLE TITLE NAME POZZI, JOHN C NAME STREET ADDRESS STREET ADDRESS 12255 PASCO TRAILS BOULEVARD CITY-ST-7IP CITY-ST-ZIP SPRING HILL FL 34610 Change ☐ Delete TITLE □ Addition NAME POZZI, NOVEMBER J NAME 7536 Highwater Drive, 4D-1 STREET ADDRESS STREET ADDRESS 3614 CARROLLWOOD PLACE CIRCLE #108 New Port Richey, FL 34655 CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33624 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-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.

lance P. Durbox 4-11-00 972-73