

# 2002 UNIFORM BUSINESS REPORT (UBR)

0016452 AT

DOCUMENT # A97000001092

1. Entity Name

J. T. LANZA ENTERPRISES, LTD.

FILED  
02 MAR 13 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7893 SADDLEBROOK DR.  
PORT ST. LUCIE FL 34986

Mailing Address

7893 SADDLEBROOK DR.  
PORT ST. LUCIE FL 34986



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0791607

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

COOK, ROBERT B ESQUIRE  
11911 U.S. HIGHWAY ONE, STE. 112  
NORTH PALM BEACH FL 33408

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Capital Contributions  
as Shown on record.

\$400.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000029388  
NAME J. T. LANZA HOLDINGS, INC.  
STREET ADDRESS 7893 SADDLEBROOK DR.  
CITY-ST-ZIP PORT ST. LUCIE FL 34986

STREET ADDRESS

CITY-ST-ZIP

3000005134659--2

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

2/22/02

561  
466 1686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)