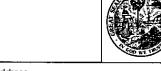
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## G00696



## **FILED** Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90211 004 \*\*\*150.00

DOCOMENT#	GUUDS
1. Entity Name	
LAZGAR, INC.	



Principal Place of Business % NELSON D. LAZZARA 1702 EAST 5TH AVE.

Mailing Address % NELSON D. LAZZARA 1702 EAST 5TH AVE.

TAMPA FL 33	605	TAMPA FL 33605						
	Place of Business AZGAZ, Inc.	3. Mailing Address SAME			- I SABSKIT BOSK BOKK BOKKE BKIND KAKA BIKK BKAK BKOK BKOK BKOK BKOK BKOK BKOK BK			
Suite, Apt.	702 E. 5th Avenu	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat		City & State		4.	4. FEI Number 59-2266232		applied For lot Applicable	
Zip 33	7605 Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac	ditional	
	6. Name and Address of Curren	t Registered Agent		7.	Name and Address of New Registe	red Agent		
CONTALE	7 100000		Name					
	Z, JOSEPH		Street A	ddress (P.O. E	Box Number is Not Acceptable)		117	
	T 5TH AVE.	e					* 3	
TAMPA FI	L 33005	•					•	
			City			FL Zip Cod	de	
3. The above	named entity submits this statement f	or the purpose of changing its	s registered office o	r registered ag	gent, or both, in the State of Florida.	am familiar with	and accept	
the obligat	tions of registered agent.	•						
SIGNATURE .		j.						
	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	TE: Registered Agent signal	ure required when r	einstating) D/	ATE		
Äfte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	1			Election Campaign Financing     Trust Fund Contribution.		<b>00</b> May Be d to Fees	
0.	OFFICERS AND	DIRECTORS	11.	AE	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
ITLE AME TREET ADORESS	VSD GARCIA, CARLOS 3211 CORDELIA STREET	• Delete	TITLE : NAME STREET ADDRESS			☐ Change	☐ Addition	
ITY-ST-ZIP	TAMPA, FL 00000		CITY-ST-ZIP					
ITLE	Р	☐ Delete	TITLE			☐ Change	Addition	
AME	GONZALEZ, JOSEPH		NAME					
TREET ADDRESS	4211 W ZELAR STREET TAMPA FL 33629		STREET ADDRESS CITY-ST-ZIP	ļ				
ITLE	T-	~ → □ Delete	TITLE		- The state of the	☐ Change	Addition	
АМЕ	GONZALEZ, JOSEPH		NAME			onunge		
TREET ADDRESS	4211 W ZELAR STREET		STREET ADDRESS					
ITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP		<del></del>		<u>_</u>	
TLE AME		Delete	TITLE NAME			☐ Change	Addition	
TREET ADDRESS			STREET ADDRESS					
ITY-ST-ZIP			CITY-ST-ZIP					
TLE	. •	☐ Delete	TITLE			☐ Change	☐ Addition	
ame Freet address			NAME STREET ADDRESS					
ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				l	
TLE		☐ Delete	TITLE	7	<del>, , , , , , , , , , , , , , , , , , , </del>	☐ Change	Addition	
AME			NAME			Change	☐ wormon	
reet address			STREET ADDRESS					
TY-ST-ZIP			CITY-ST-ZIP		·			
<ol><li>I horoby o</li></ol>	continue that the information are maller it.	- Alain (11) 116 - (					I	

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 tree 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURD RECYCLOBERY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR