

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90357 031 \*\*\*150.00

035948

**DOCUMENT # H93468**

1. Entity Name  
**REMIZZO INC.**

Principal Place of Business <b>4200 GULF BLVD          ST. PETERSBURG FL 33706          US</b>	Mailing Address <b>4200 GULF BLVD          ST. PETERSBURG FL 33706          US</b>
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2. Principal Place of Business <b>3730 BELLE VISTA DR. S.</b>	3. Mailing Address <b>3730 BELLE VISTA DR. S.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST. PETE BEACH</b>	City & State <b>ST. PETE BEACH</b>
Zip <b>FL</b>	Zip <b>FL</b>
Country <b>33706</b>	Country <b>33706</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2634733</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHOULS, JOANNA  
 6220 7TH AVE  
 SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name  
**JOANNA CHOULS**

Street Address (P.O. Box Number is Not Acceptable)  
**6032 3RD AVEN.**

City  
**ST. PETE**

Zip Code  
**FL 33710**

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 Joanna Chouls JOANNA CHOULS SECRETARY DATE 03/01/01

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PT ROLFE, THOMAS C. 4803 34 ST S ST. PETERSBURG FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHOLUS, RAZA 910 PINELLAS BAYWAY #204 ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAC CHOULS, JOANNA 910 PINELLAS BAYWAY #204 ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC CHOULS, GILLIAN 910 PINELLAS BAYWAY #204 ST PETE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHOULS RAZA 3730 BELLE VISTA DR. S. ST. PETE BEACH, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHOULS, JOANNA 6032 3RD AVEN. ST. PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CHOULS, GILLIAN 3730 BELLE VISTA DR. S. ST. PETE BEACH, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joanna Chouls JOANNA CHOULS SECRETARY DATE 03/01/01 DAYTIME PHONE # (727)567-1605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)