2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

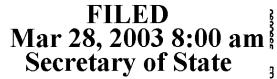
H93468

1. Entity Name REMIZZO INC.



Principal Place of Business

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03-28-2003 90070 020 ***150.00

3730 BELLE V ST. PETERSB US			3730 BELLE VISTA DR. S. ST. PETERSBURG FL 33706 US									
2. Principal Place of Business				3. Mailing Address					}		EIREI BIBEI BIBEI	#10 1 0 # 100!
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State City & State								4. FEI Number 59-2634733				pplied For ot Applicable
Zip		Country	Zip	Zip Coun				5. Certificate of Status Desired See Required				
6. Name and Address of Current Registered Agent							L	7. N	lame and Address of New	Registered	<u>'</u>	
CHOULS, JOANNA						Name Street Address (P.O. Box Number is Not Acceptable)						
6032 3RD		FL-33710			->:						. pr gamera	
SAINI FE	HENDUNG	FL 33/10 ⁻²				City			· 	FI	 	le
	named entity tions of registe		the purp	pose of changing its	registere	d office or	registered	d age	ent, or both, in the State of Fl			and accept
SIGNATURE .	Signature, typed o	r printed name of registered agent a	nd title if app	olicable. (NOTE	E: Registered	d Agent signate	ure required w	hen rei	nstating)	DATE		
F After	May 1, 2003	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of							Election Campaign Fi Trust Fund Contribution			00 May Be d to Fees
10.		OFFICERS AND I	DIRECTO)RS	11.			ADI	DITIONS/CHANGES TO OF	FICERS AN	ID DIRECTOR	S IN 11
TITLE. NAME STREET ADDRESS CITY-ST-ZIP		raza E Vista; Dr. S. Ersburg Fl 33706		☐ Delete			CHO	VL	S, RAZA		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHOULS, 3 6032 3RD 3 SAINT PET			☐ Delete							☐ Change	☐ Addition
TITLE NAME -STREET ADDRESS CITY-ST-ZIP		GILLIAN E.VISTA DR. S ERSBURG FL 33706	- -	☐ Delete			#2			-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREE			-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		٠.		☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· Delete						,	☐ Change	☐ Addition
indicated	on this report	or supplemental report is :	true and	accurate and that m	nv signati	ure shall ha	ave the sa	me le	19.07(3)(i), Florida Statutes. egal effect as if made under a Statutes; and that my nam	oath: that I	am an officer	or director

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.