

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90771 025 ***150.00

0123494 AV

DOCUMENT # K43891

1. Entity Name
AZZA ENTERPRISES, INCORPORATED



Principal Place of Business
3165 W NEW HAVEN AVE
W MELBOURNE FL 32904
US

Mailing Address
2780 OHIO ST
W MELBOURNE FL 32904

2. Principal Place of Business

3. Mailing Address

3165 W. NEW HAVEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W. MELBOURNE FL

Zip

Country

Zip

Country

32904

U.S.

4. FEI Number

59-2917202

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, JAMES E., JR
2780 OHIO STREET
W. MELBOURNE FL 32904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **BENNETT, JAMES E., JR**
STREET ADDRESS **2780 OHIO STREET**
CITY - ST - ZIP **W. MELBOURNE FL**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **V** ☒ **Delete**
NAME **BENNETT, JOANNE**
STREET ADDRESS **2780 OHIO STREET**
CITY - ST - ZIP **W. MELBOURNE FL**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Delete**
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CITY - ST - ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)