

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K85923**

1. Entity Name

ANN MARIE G. REZZONICO, P.A.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90104 009 ***150.00

Principal Place of Business

Mailing Address

**1903 S CONGRESS AVE 470
SUITE 180
BOYNTON BCH FL 33426
US****1903 S CONGRESS AVE 470
SUITE 180
BOYNTON BCH FL 33426-6553
US**

00002642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1903 S. Congress Avenue**1903 S. Congress Ave.**Suite, Apt. #, etc.
Suite 180Suite, Apt. #, etc.
Suite 180

City & State

City & State

Boynton Beach, Fl 33426**Boynton Beach, Fl 33426**

4. FEI Number

65-0126858

Applied For

Not Applicable

Zip

Country

33426**US**

Zip

Country

33426**US**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

**REZZONICO, ANN MARIE
1903 S. CONGRESS AVENUE
SUITE 180
BOYNTON BCH FL 33426**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
REZZONICO, ANN MARIE
1903 S CONGRESS AVE., SUITE 180
BOYNTON BCH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN MARIE REZZONICO

Date

Daytime Phone #

1/6/00**(561) 736 7223**