## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # K85923** 1. Entity Name ANN MARIE G. REZZONICO, P.A. 01-23-2001 90072 005 \*\*\*150.00 Mailing Address Principal Place of Business '-1903 S CONGRESS AVE 1903 S CONGRESS AVENUE SUITE:180 4 1 400 11 606796 BOYNTON BCH FL 33426 BOYNTON BCH FL 33426 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0126858 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REZZONICO, ANN MARIE Street Address (P.O. Box Number is Not Acceptable) 1903 S. CONGRESS AVENUE SUITE 180 **BOYNTON BCH FL 33426** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change TITLE **PSTD** Delete TITLE NAME REZZONICO, ANN MARIE STREET ADDRESS STREET ADDRESS 1903 S CONGRESS AVE., SUITE 180 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE NAME

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 attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

*y*)

(501) 736-7333

☐ Change

☐ Change

Addition

☐ Addition

Daytime Phone #