


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90119 048 \*\*\*\*61.25

**DOCUMENT # N95000004998**

1. Entity Name  
**LIFE IS A CELEBRATION II, INCORPORATED**



Principal Place of Business  
**9209 SEMINOLE BLVD  
#54  
SEMINOLE FL 33772  
US**

Mailing Address  
**9209 SEMINOLE BLVD  
#54  
SEMINOLE FL 33772  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3356024**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MALONEY, JOHN L  
9209 SEMINOLE BLVD #54  
SEMINOLE FL 33772**

7. Name and Address of New Registered Agent  
Name **Joey Miazga**  
Street Address (P.O. Box Number is Not Acceptable) **9209 Seminole Blvd. #54**  
City **Seminole** FL Zip Code **33772**

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 *Joey Miazga* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAZGA, JOEY</b>	
STREET ADDRESS	<b>9209 SEMINOLE BLVD #54</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIROMO, KELLY</b>	
STREET ADDRESS	<b>8300 144TH LANE W</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33776</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, KASEY</b>	
STREET ADDRESS	<b>9209 SEMINOLE BLVD #54</b>	
CITY-ST-ZIP	<b>SEMINOLE FL 33772</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAZOA, FRANK</b>	
STREET ADDRESS	<b>9738 PINE LAKE TRAIL</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33708</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Joey Miazga*

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/02)