2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 12, 2003 8:00 am Secretary of State

DOCUMENT # P0000004855  1. Entity Name FITZ, INC.									04-2	4-2003 90	0271 047	<i>)</i> ***	150.00	
Principal Place of Business 341 SOUTHEAST STH STREET POMPANO BEACH FL 33060				Mailing Address 341 SOUTHEAST, 5TH STREET POMPANO BEACH FL 33060				£ I <b>I C</b> () j	181 ku arihi <b>88</b> ka ai	1)/11 <b>21</b> 11/11 <b>31</b> 41/1 <b>1</b>	)	1 1 <b>316</b> 1 (	1) <b>181 (</b> 161) (181)	
2. Principal Place of Business 2781 W MCNAB ROAD Suite, Apt. #, etc.				3. Mailing Address 2781 W MCNAB ROAD Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
				<u> </u>						ERE IF MAK	ING CHAN	IGES		_
City & State POMPANO BEACH, FL				City & State POMPANO BEACH, FL				65-1019112 <del>   </del>					plied For t Applicable	<u>.</u>
Zip. Country. 33069-4802 BROWARD				Zip Count 33069-4802 BRO						red	\$8.7	Add quirec	litional	
	6. Name	and Address of Current I	legister	ed Agent				7. Name and	Address of N	ew Register	ed Agent			]
LAYNE, PAUL JON C/O RUMBERGER, KIRK & CALDWELL 80 SW 8TH ST. MIAMI FL 33130							Super Actions (P.O. Box Nymber is Not Acceptable) Super Actions (P.O. Box Nymber is Not Acceptable)  Super Actions (P.O. Box Nymber is Not Acceptable)  Rd  Very Pampana Beach  FL Zip Code 9							
	tions of registe	Submits this statement for prod agent.  What has been a printed name of registered agent.	tel	rold		ed office or	registered	i agent, or bo	th, in the State	of Florida. 1 a		with, a	and accept	1
100م	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of		,					ection Campaig ust Fund Contri				) May Be to Fees	
10.	00	OFFICERS AND D	PIRECTO		11.			ADDITIONS,	CHANGES TO	OFFICERS A				] 🥋
NAME STREET ADDRESS CITY-ST-ZIP	341 SE 5Th	D, RICHARD J 1 STREET BEACH FL 33060		☐ Delete					NAB ROA		<b>,⊠</b> Cha 269_4	-	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-SI-ZIP	341 SE 5Th	D, JANINE K I STREET BEACH.FL 33060	,	Detete		· I					☐ Cha		Addition	SR2
TITLE NAME STREET ADDRESS CITY-SI-ZIP				Delete		1					☐ Cha	nge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>	☐ Defete		- 1	,				☐ Cha	nge	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-	T ADDRESS ST-ZIP					☐ Cha		Addition	
12. I hereby of indicated of the correctanged,	certify that the on this report poration or the or on an attac	information supplied with to supplemental eport is to receive of mutee empty them with an address, y	nis filino rue and a vered to s th all pos	does not qualify for taccurate and that me execute this report a process of the empowered.	he exer / signat s requir	nption state ure shall had ad by Chap	d in Section to the same the s	on 119.07(3)( ne legal effec lorida Statute	i), Florida Statu t as if made un s; and that my	tes. I further of der oath; that name appear	ertify that i I am an of s in Block	the info licer of 10 or E	ormation r director Block 11 if	   