

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90966 026 \*\*\*150.00

**DOCUMENT # P00000017190**

1. Entity Name  
**MALZ, INC.**



Principal Place of Business  
**11500 WILDCAT LANE  
NEW PORT RICHEY FL 34654**

Mailing Address  
**11500 WILDCAT LANE  
NEW PORT RICHEY FL 34654**

2. Principal Place of Business  
**11995 TANGLO COURT**  
Suite, Apt. #, etc.

3. Mailing Address  
**11995 TANGLO COURT**  
Suite, Apt. #, etc.

City & State  
**SEMINOLE, FL 33772**  
Zip  
**33772** Country  
**USA**

City & State  
**SEMINOLE, FL**  
Zip  
**33772** Country  
**USA**

4. FEI Number **59-3639793**

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

**MALZ, JAMES JR  
2691 WHISPERING DRIVE NORTH  
LARGO FL 33771**

7. Name and Address of New Registered Agent

Name **MALZ, JAMES JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**11995 TANGLO COURT**  
City **SEMINOLE** FL **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 *James W. Malz Jr.* DATE **2/27/03**

**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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MALZ, JAMES JR</b>	
STREET ADDRESS	<b>11500 WILDCAT LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MALZ, JENNIFER</b>	
STREET ADDRESS	<b>11500 WILDCAT LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BEGGS, MARK</b>	
STREET ADDRESS	<b>1617 VALENCIA DR W</b>	
CITY-ST-ZIP	<b>LARGO FL 33770</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>11995 TANGLO COURT</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>11995 TANGLO COURT</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33772</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>13176 DORCHESTER DR.</b>	
CITY-ST-ZIP	<b>SEMINOLE, FL 33776</b>	
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
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 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: *James W. Malz Jr.* DATE **02/28/03** (727) **647-2622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)