

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91520 012 \*\*\*150.00

DOCUMENT # *P00000029971*

1. Entity Name

*Uzzi Corporation*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*608 Savage Ct*

Suite, Apt. #, etc.

3. Mailing Address

*608 Savage Ct*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Longwood FL*

City & State

*Longwood FL*

4. FEI Number

*59-3633721*

Applied For

Not Applicable

Zip

Country

*32750*

*Seminole*

Zip

Country

*32750*

*Seminole*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Jaklynn Uzzi*

Street Address (P.O. Box Number is Not Acceptable)

*608 Savage Ct*

City

*Longwood*

**FL**

Zip Code

*32750*

**DO NOT WRITE  
IN THIS SPACE**

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

*Jaklynn Uzzi*

Signature of typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/19/02*

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☒

(See criteria on back)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*Uzzi, Jaklynn Director  
608 Savage Ct. VPSIT  
Longwood FL 32750*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

*Uzzi, Anthony Director  
608 Savage Ct. P  
Longwood FL 32750*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Jaklynn Uzzi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/19/02*

DATE

*407-339-7016*

DAYTIME PHONE #

CR2E034B (12/01)