


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

FILED

03 OCT -3 AM 8:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # p-30756
1. Entity Name
JOHN IZZO INSURANCE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7950 S MILITARY TRAIL
Suite, Apt. #, etc.
#104
City & State
LAKE WORTH, FLA.
Zip
33463 Country
USA

3. Mailing Address
7950 S. MILITARY TRAIL
Suite, Apt. #, etc.
#104
City & State
LAKE WORTH, FLA.
Zip
33463 Country
U.S.A.

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0985445 Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name **JOHN D. IZZO**
Street Address (P.O. Box Number is Not Acceptable)
680 N. E. HARBOUR DRIVE.
City **BOCA RATON** FL Zip Code **33431**

**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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE  **JOHN D. IZZO** DATE **9/30/2003**

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

January 1 - May 1 Fee is **\$150.00**
After May 1, Fee is **\$550.00**
Amended UBR is **\$61.25**
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

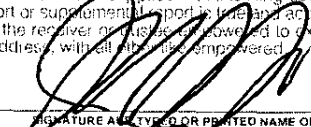
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JOHN D. IZZO 680 N. E. HARBOUR DRIVE BOCA RATON, FLA: 33431	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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10/09/03 -- 01023 -- 001 **153.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), Florida Statutes. I further certify that the information indicated on this report or supplement to 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 on an attachment with an address, without alteration, empowered.

SIGNATURE:  **JOHN D. IZZO** DATE **9/30/2003** (561) 251-3139

150 + 8.75 + 5 = 163.75

gr 10/6

CR2E034B (12/02)