

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90155 043 ***150.00

0409023

DOCUMENT # P00000086111

1. Entity Name
JOSEPH PUZIEWICZ, INC.

Principal Place of Business
2639 MAPLELOFT LANE, SUITE 100
SARASOTA FL 34232

Mailing Address
2639 MAPLELOFT LANE, SUITE 100
SARASOTA FL 34232

2. Principal Place of Business
10 OLD VENICE RD

3. Mailing Address
10 OLD VENICE RD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
OSPREY FL 34229

City & State
OSPREY FL 34229

4. FEI Number
65-1034243

Applied For
 Not Applicable

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

Zip
34229

Country
US

Zip
34229

Country

6. Name and Address of Current Registered Agent
LUZIER, THOMAS B ESQ.
3400 S. TAMiami TR.
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUZIEWICZ, JOSEPH		NAME		
STREET ADDRESS	2639 MAPLELOFT LANE, SUITE 100		STREET ADDRESS	10 OLD VENICE RD	
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joseph Puziewicz**
 Signature and typed or printed name of signing officer or director

Date **APRIL 27, 2001** Daytime Phone #

CR2E034 (10/00)