

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90088 008 \*\*\*150.00

**DOCUMENT # P00000086936**

1. Entity Name  
**JOSEPH R. MAZZOLA, INC.**

Principal Place of Business  
**937 DUPONT STREET, N.E.**  
**PALM BAY FL 32907**

Mailing Address  
**937 DUPONT STREET, N.E.**  
**PALM BAY FL 32907**

**644194**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3671619**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAZZOLA, JOSEPH R**  
**937 DUPONT STREET, N.E.**  
**PALM BAY FL 32907**

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. (See criteria on back)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAZZOLA, JOSEPH R</b>	
STREET ADDRESS	<b>937 DUPONT STREET, N.E.</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>	
TITLE	<b>vice president</b>	<input type="checkbox"/> Delete
NAME	<b>Richard Essey</b>	
STREET ADDRESS	<b>261 comet Ave</b>	
CITY-ST-ZIP	<b>Palm Bay FL 32909</b>	
TITLE	<b>vice president</b>	<input type="checkbox"/> Delete
NAME	<b>ADAM DEMKO</b>	
STREET ADDRESS	<b>949 Canada St</b>	
CITY-ST-ZIP	<b>Palm Bay FL 32909</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 R. Mazzola  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01  
 DATE Daytime Phone #

CR2E034 (10/00)