2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

7303 WEST ATLANTIC AVENUE

DOCUMENT# P00000110417

1. Entity Name

Principal Place of Business

7303 WEST ATLANTIC AVENUE

PRINZIVALLI & ASSOCIATES, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90055 029 ***150.00

DELRAY BEACH FL 33446		DELRAY BEACH FL 33446			i 198/1981 NJ 88JJI 88JJI 88JJI 88JJI 88JJI 8	N i Ji du l (181) G ama	148t ((Br) 148t 188t
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
00.00					D-CHECK-HERE IF MAKING CHANGES		
City & St	ate	City & State		4.	FEI Number 65-1058246 Applied For		
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75	Not Applicable Additional
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Regist	Fee Req	uired
7303 WE	VLU, PETER ST ATLANTIC AVENUE DEACH FL 33446	Ĺ	Name Street Address (P.O. Box Number is Not Acceptable)				
	v		City			FL Zip C	
8. The above the obligation	e named entity submits this statement for ations of registered agent.	r the purpose of changing its	s registered offic	e or registered ag	ent, or both, in the State of Florida.	I am familiar wi	th, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOT	TE: Registered Agent s	gnature required when re	(instating)	DATE	<u></u>
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Election Campaign Financing Trust Fund Contribution.	 9 \$5	.00 May Be led to Fees
TITLE	OFFICERS AND D		11,	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	PRS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PRINZIVALLI, PETER 7303 WEST ATLANTIC AVENUE DELRAY BEACH FL 33446	☐ Delete	TITLE NAME STREET ADDRE	SS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s	, , , , , , , , , , , , , , , , , , ,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS	,	•	☐ Change	☐ Addition

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

SIGNATURE: