

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91048 017 \*\*\*158.75

0362665 AV

**DOCUMENT # P00000113403**

**1. Entity Name**  
**REZY DEZY INVESTMENTS, INC.**



**Principal Place of Business**  
**10873 NW 52ST**  
**STE 1**  
**SUNRISE FL 33351**

**Mailing Address**  
**P.O. BOX 26802**  
**TAMARAGE FL 33320**

**2. Principal Place of Business**  
**921 NW 31 AVE**

**3. Mailing Address**  
**921 NW 31 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**POMPANO BEACH FL**

**City & State**  
**POMPANO BEACH FL**

**4. FEI Number** **65-1064107**

Applied For

Not Applicable

**Zip**  
**33069**

**Country**  
**USA**

**Zip**  
**33069**

**Country**  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CANNON, ROBERT**  
**2420 NE 48TH CT.**  
**LIGHTHOUSE POINT FL 33064**

**→ ADDRESS CHANGE →**

**Name** **CANNON, ROBERT**

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

**921 NW 31 AVE**

**City** **POMPANO BEACH**

**FL**

**Zip Code** **33069**

**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** *Robert Cannon*

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

(NOTE: Registered Agent signature required when reinstating)

**4/17/03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **DP** ☐ Delete  
**NAME** **CANNON, ROBERT G**  
**STREET ADDRESS** **P.O. BOX 50328**  
**CITY-ST-ZIP** **LIGHTHOUSE POINT FL 33074**

**ADDRESS CHANGE →**

**TITLE** **P** ☒ Change ☐ Addition  
**NAME** **CANNON, ROBERT G**  
**STREET ADDRESS** **921 NW 31 AVE**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33069**

**TITLE** **DV** ☐ Delete  
**NAME** **CANNON, MARIE E**  
**STREET ADDRESS** **P.O. BOX 50328**  
**CITY-ST-ZIP** **LIGHTHOUSE POINT FL 33074**

**ADDRESS CHANGE →**

**TITLE** **V** ☒ Change ☐ Addition  
**NAME** **CANNON, MARIE E**  
**STREET ADDRESS** **921 NW 31 AVE**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33069**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Robert Cannon PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/03 954 608 5924**

Date

Daytime Phone #

CR2E034 (10/02)