

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90169 032 \*\*\*550.00

**DOCUMENT # P01000001257**

**1. Entity Name**  
**S & C GAZZARA INC**

**Principal Place of Business**  
**112 ANGLE ROAD**  
**FORT PIERCE FL 34947**

**Mailing Address**  
**2585 12TH ST.**  
**VERO BEACH FL 32960-3910**

977869



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 59-3687874**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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**

**GAZZARA, CECILIA P**  
**2585 12TH ST.**  
**VERO BEACH FL 32960-3910**

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

**SIGNATURE** CECILIA GAZZARA  
 Signature, typed or printed name of registered agent and title if applicable.

Cecilia Gazzara  
 (NOTE: Registered Agent signature required when reinstating)

8/28/02  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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
NAME	GAZZARA, CECILIA P	
STREET ADDRESS	2585 12TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32960-3910	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAZZARA, SEBASTIANO	
STREET ADDRESS	2585 12TH ST.	
CITY-ST-ZIP	VERO BEACH FL 32960-3910	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** CECILIA GAZZARA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cecilia Gazzara 8/28/02 (772) 4645458  
 Date Daytime Phone #

CR2E034 (4/02)