

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90066 038 ***150.00

DOCUMENT # P01000003758

1. Entity Name

GETZINGER, INC.

Principal Place of Business

**3900 NW 79 AVE. STE 326
 MIAMI FL 33166**

Mailing Address

**3900 NW 79 AVE. STE 326
 MIAMI FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8325 NW 15 Ct.

3. Mailing Address

8325 NW 15 Ct.

City & State

Coral Springs

City & State

Coral Springs

4. FEI Number

65-1067213

Applied For

☐ Not Applicable

Zip

33071

Country

Broward

Zip

33071

Country

Broward

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CERRO, RAQUEL

**3900 NW 79 AVE, STE 326
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

John Getzinger

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

8325 NW 15 Ct.

City

Coral Springs FL

Zip Code

33071

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

4/20/02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GETZINGER, JOHN	
STREET ADDRESS	8325 NW 15 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Getzinger John V	
STREET ADDRESS	8325 NW 15 Ct	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	C. Ann Getzinger	
STREET ADDRESS	8325 NW 15 Ct	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 954-755-4575

Date

Daytime Phone #

CR2E034 (9/01)