

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90098 037 \*\*\*150.00

**DOCUMENT # P01000036298**

1. Entity Name  
**BZ, INC.**



Principal Place of Business  
**480 WEST COCOA BEACH CAUSEWAY  
COCOA BEACH FL 32931  
US**

Mailing Address  
**650 N. ATLANTIC AVE  
PH #6  
COCOA BEACH FL 32931**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**650 N. Atlantic Ave.**

3. Mailing Address

Suite, Apt. #, etc.  
**ph #6**

Suite, Apt. #, etc.

City & State  
**Cocoa Beach, FL**

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip  
**32931**

Country  
**USA**

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

**BERMAN, LEWIS  
650 N. ATLANTIC AVE  
PH #6  
COCOA BEACH FL 32931**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D</b>	<b>ZERVOS, NICHOLAS F</b>	<b>480 WEST COCOA BEACH CAUSEWAY COCOA BEACH FL 32931</b>	<input type="checkbox"/>
<b>D</b>	<b>BERMAN, LEWIS</b>	<b>480 WEST COCOA BEACH CAUSEWAY COCOA BEACH FL 32931</b>	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>650 N. Atlantic Ave ph #6</b>	<b>Cocoa Beach, FL 32931</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>650 N. Atlantic Ave. ph #6</b>	<b>Cocoa Beach, FL 32931</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/03

Date

324 784-0675

Daytime Phone #

CR2E034 (10/02)