

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90329 014 ***150.00

DOCUMENT # **PO10000051488**

1. Entity Name

Leuzzi Homes, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6619 Green Road

Suite, Apt. #, etc.

3. Mailing Address

Leuzzi Homes, Inc.

Suite, Apt. #, etc.

38 Shadeland CR

80053788

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Stoney Creek, Ontario

4. FEI Number

59-3223057

Applied For

Not Applicable

Zip

33809

Country

USA

Zip

L8G-4Y2

Country

CANADA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Athilio Leuzzi

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

6619 Green Road

City

Lakeland

FL

Zip Code

33809

**DO NOT WRITE
IN THIS SPACE**

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 is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Athilio Leuzzi
6619 Green Road
Lakeland, FL 33809

TITLE
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STREET ADDRESS
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 11/2002 905-643-1055

Daytime Phone #

CR2E034B (12/01)