

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90777 015 \*\*\*150.00

**DOCUMENT # P02000016716**



1. Entity Name  
**YOSI P. UZSINAY, INC.**

Principal Place of Business  
**180 WESTHAMPTON DR.  
PALM COAST FL 32164**

Mailing Address  
**138 PALM COAST PKWY., #166  
PALM COAST FL 32137**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**9 SOUTHERN TRACE BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**ORMOND BEACH, FL**

City & State

4. FEI Number  
**07-0547431**

Applied For  
 Not Applicable

Zip  
**32174**

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

**UZSINAY, YOSI P  
180 WESTHAMPTON DR.  
PALM COAST FL 32164**

Name

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

**9 SOUTHERN TRACE BLVD**

City  
**ORMOND BEACH**

FL

Zip Code  
**32174**

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 **YOSI P. UZSINAY**

**3-7-03**

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 **PRESIDENT**  Delete  
NAME **YOSI P. UZSINAY**  
STREET ADDRESS **9 SOUTHERN TRACE BLVD**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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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: **SIGNATURE REQUIRED UZSINAY**

**3-7-03**

**386-931-0530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)