

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90287 009 ***150.00

DOCUMENT # P02000037495

1. Entity Name
ALLIZ, INC.



Principal Place of Business
**1221 TERRA MAR DRIVE
TAMPA FL 33613**

Mailing Address
**1221 TERRA MAR DRIVE
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

1314 W. BEARDS AVE
Suite, Apt. #, etc.

1314 W. BEARDS AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL
Zip
33613 Country
Hillsborough

City & State
Tampa FL
Zip
33613 Country
Hillsborough

4. FEI Number
310548499

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWOPE, SCOTT P ESQ
2555 ENTERPRISE ROAD
SUITE 15
CLEARWATER FL 33763**

7. Name and Address of New Registered Agent
Name
Robert Tatro
Street Address (P.O. Box Number is Not Acceptable)
1314 W. BEARDS AVE
City
Tampa FL Zip Code
33613

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 **Robert Tatro** DATE **4/29/03**
(NOTE: Registered Agent signature required when reinstating)

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
P
TATRO, ROBERT
1221 TERRA MAR DRIVE
TAMPA FL 33613 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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TATRO, APRIL
1221 TERRA MAR DRIVE
TAMPA FL 33613 ☐ Delete

TITLE
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☐ Change ☐ Addition

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)