

FILED  
Apr 25, 2003 8:00 am  
Secretary of State

04-25-2003 90281 044 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000051139

1. Entity Name  
**TOO PRODUCTIONS, INC.**



90105907

Principal Place of Business  
1214 S. ALBANY AVE.  
TAMPA, FL 33606

Mailing Address  
1214 S. ALBANY AVE.  
TAMPA, FL 33606

2. Principal Place of Business

809 Island Walk Dr.  
Suite, Apt. #, etc.

3. Mailing Address

809 Island Walk Dr.  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

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

GUZZO, PETER F  
1214 S. ALBANY AVE.  
TAMPA, FL 33606

Name Peter F. Guzzo

Street Address (P.O. Box Number Is Not Acceptable)  
809 Island Walk Dr.

Tampa  
City

FL

Zip Code  
33602

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's 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 D  
NAME GUZZO, PETER P  
STREET ADDRESS 1214 S. ALBANY AVE.  
CITY-ST-ZIP TAMPA, FL 33606

TITLE D  
NAME Guzzo, Peter P  
STREET ADDRESS 809 Island Walk Dr.  
CITY-ST-ZIP Tampa, FL 33602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/03

CR2E034 (10/02)