

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90222 021 ***150.00

DOCUMENT # P02000061237

1. Entity Name
DATZEI & CO., INC.



Principal Place of Business
**21943 PALM GRASS DRIVE
BOCA RATON, FL 33428**

Mailing Address
**21943 PALM GRASS DRIVE
BOCA RATON, FL 33428**

2. Principal Place of Business

660 LINTON BLVD

Suite, Apt. #, etc.

SUITE 120

City & State

DELRAY BEACH FL

Zip
33444

Country

USA

3. Mailing Address

660 LINTON BLVD

Suite, Apt. #, etc.

SUITE 120

City & State

DELRAY BEACH FL

Zip
33444

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0471572

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAZEI, DONALD
21943 PALM GRASS DRIVE
BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

Name **DAVID WORTMANN**

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

660 LINTON BLVD, STE 120

City **DELRAY BEACH**

FL

Zip Code

33444

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

David Wortmann President **DAVID WORTMANN Pres. 2-11-03**

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 \$650.00

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

TITLE **D** ☐ Delete

NAME **MAZEI, DONALD**
STREET ADDRESS **21943 PALM GRASS DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **D/P**
STREET ADDRESS **DAVID WORTMANN**
CITY-ST-ZIP **660 LINTON BLVD, STE 120**
DELRAY BEACH, FL 33444

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David Wortmann Pres. **DAVID WORTMANN** **02-11-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)