

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

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90010 002 ***550.00

DOCUMENT # P02000063213

1. Entity Name

SUZI'S INTERNATIONAL MODELS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4531 DELEON ST.

3. Mailing Address

8600 BRITANNIA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

211

DO NOT WRITE IN THIS SPACE

City & State

FT MYERS FL

City & State

FT MYERS FL

4. FEI Number

030472121

Applied For

Not Applicable

Zip

34907

Country

LEE

Zip

33912

Country

LEE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH E. HOSFELD

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

8600 BRITANNIA DR.

City

FT MYERS

FL

Zip Code

33912

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

Joseph E. Hosfeld

JOSEPH E. HOSFELD

6-9-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRES + SFC
NAME SUZI HOSFELD
STREET ADDRESS 8600 BRITANNIA DR.
CITY-ST-ZIP FT. MYERS FL 33912

TITLE V.P. + TREAS
NAME JOSEPH E. HOSFELD
STREET ADDRESS 8600 BRITANNIA DR.
CITY-ST-ZIP FT. MYERS FL 33912

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph E. Hosfeld

JOSEPH E. HOSFELD

6-9-03

239-268-8189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)