

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90150 008 \*\*\*150.00

**DOCUMENT # P02000088725**

1. Entity Name  
**NEZZZZI AND HEZ, INC.**



Principal Place of Business  
**5025 SW 22ND PLACE  
CAPE CORAL FL 33914**

Mailing Address  
**5025 SW 22ND PLACE  
CAPE CORAL FL 33914**



2. Principal Place of Business  
**16520 STAMiami Trail Ste #11**  
Suite, Apt. #, etc.

3. Mailing Address  
**5025 SW 22nd PL**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**FT Myers FL**  
Zip  
**33908**  
Country  
**US**

City & State  
**CAPE CORAL FL**  
Zip  
**33914**  
Country  
**US**

4. FEI Number  
**42-1545905**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ELLIS, HEATHER A  
5025 SW 22ND PLACE  
CAPE CORAL FL 33914**

**7. Name and Address of New Registered Agent**

Name **Heather Ellis**  
Street Address (P.O. Box Number is Not Acceptable)  
**5025 SW 22nd PL**  
City **CAPE CORAL FL** Zip Code **33914**

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

(NOTE: Registered Agent signature required when reinstating)

**1/17/03**  
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 <b>DIPS</b>	<input type="checkbox"/> Delete
NAME <b>Heather Ellis</b>	
STREET ADDRESS <b>5025 SW 22nd PL</b>	
CITY-ST-ZIP <b>CAPE CORAL FL 33914</b>	
TITLE <b>DIVIT</b>	<input type="checkbox"/> Delete
NAME <b>SCOTT NESWIDAL</b>	
STREET ADDRESS <b>713 SW 6th St</b>	
CITY-ST-ZIP <b>CAPE CORAL FL 33991</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE <b>DIPS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Heather Ellis</b>	
STREET ADDRESS <b>5025 SW 22nd PL</b>	
CITY-ST-ZIP <b>CAPE CORAL FL 33914</b>	
TITLE <b>DIVIT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCOTT NESWIDAL</b>	
STREET ADDRESS <b>713 SW 6th St</b>	
CITY-ST-ZIP <b>CAPE CORAL FL 33991</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/03**  
Date

Daytime Phone #

CR2E034 (10/02)