Jun 03 03 05:04p Anthony L. Guzzetta

FILED
Jul 07, 2003 8:00 am
Secretary of State
07-07-2003 90308 044 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000102041

1. Entity Name
ANTHONY L GUZZETTA, P.A.

Principal Place of Business
3520 E TREE TOPS CT
DAVIE FL 33328

Mailing Address
3520 E TREE TOPS CT
DAVIE FL 33328

[redacted]

CHECK HERE IF MAKING CHANGES ☒

2. Principal Place of Business
9587 Barletta Winds Pt.
Suite, Apt. #, etc.
City & State: Delray Beach, FL
Zip: 33446
Country

3. Mailing Address
9587 Barletta Winds Pt
Suite, Apt. #, etc.
City & State: Delray Beach, FL
Zip: 33446
Country

4. FEI Number 55-0799712 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GUZZETTA, ANTHONY L
3520 E TREE TOPS CT
DAVIE FL 33328

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 9587 Barletta Winds Pt
City Delray Beach FL Zip Code 33446

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (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	D GUZZETTA, ANTHONY L 3520 E TREE TOPS CT DAVIE FL 33328 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 9587 Barletta Winds Pt. Delray Beach, FL 33446
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 6/3/03 561-212-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #