

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

09-12-2003 90095 028 ***150.00

DOCUMENT # P02000107706

1. Entity Name
CRZ ENTERPRISES, INC.



Principal Place of Business
**P.O. BOX 3754
HAINES CITY FL 33844**

Mailing Address
**P.O. BOX 3754
HAINES CITY FL 33844**

2. Principal Place of Business
870 E Alfred
Suite, Apt. #, etc.

3. Mailing Address
870 E Alfred
Suite, Apt. #, etc.

City & State
Lake Alfred, FL
Zip Country
33850 USA

City & State
Lake Alfred, FL
Zip Country
33850 USA

4. FEI Number
75-3084456

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ARCHER, ROBERT J JR.
3910 POLK CITY ROAD
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **P, D** ☐ Delete
NAME **ARCHER, ROBERT J JR.**
STREET ADDRESS **P.O. BOX 3754**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **Archer, Robert J JR.**
STREET ADDRESS **870 E Alfred**
CITY-ST-ZIP **Lake Alfred, FL 33850**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-07-03 863-557-0556

CR2E034 (4/03)

Attachment

80147473

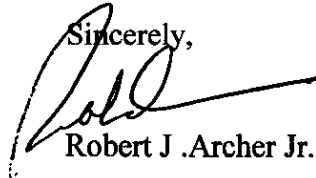
P02002107706

09/03/03

To Whom It May Concern,

I, Robert J. Archer never received a notice prior to this one, about a Uniform Business Report for my Corporation. The name of my corporation is CRZ Enterprises Inc. I notified your company by email stating that I did not receive any other notice explaining this fee, and they told me to only send \$150.00 for the additional filing fee. If you have any questions please contact my daughter Jackie Osorio or myself at my office. The phone # is 863-956-8000. Thank You

Sincerely,



Robert J .Archer Jr.