

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000114807

1. Entity Name
THE UZZELL GROUP, INC.



Principal Place of Business
6248 HINES HILL CIRCLE
TALLAHASSEE, FL 32312

Mailing Address
6248 HINES HILL CIRCLE
TALLAHASSEE, FL 32312

FILED

05 MAY 13 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



05112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0910672	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UZZELL, HAROLD
6248 HINES HILL CIRCLE
TALLAHASSEE, FL 32312

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	UZZELL, HAROLD
STREET ADDRESS	6248 HINES HILL CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32312

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/24/05--01038--020 **150.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/05 (850) 513-1990
Date Daytime Phone #