# 2003 FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P93000034467

1. Entity Name

**P.R.Z. SERVICE INDUSTRIES INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 18531 SW 58TH ST | 18531 SW 58TH ST |
| FT LAUDERDALE FL 33332 | FT LAUDERDALE FL 33332 |
| US | US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

| 4. FEI Number  65-0431545 | Applied For / Not Applicable |
|---|---|

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ZICARELLI, PEGGY L | Name |
| 18531 SW 58TH ST | Street Address (P.O. Box Number is Not Acceptable) |
| FT LAUDERDALE FL 33322 | 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 $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

| | | Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | Change | Addition |
|---|---|---|---|---|---|
| TITLE | P | ☐ | TITLE | ☐ | ☐ |
| NAME | ZICARELLI, PEGGY L | | NAME | | |
| STREET ADDRESS | 18531C SW 58TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE F 33332 | | CITY-ST-ZIP | | |
| TITLE | VP | ☐ | TITLE | ☐ | ☐ |
| NAME | ZICARELLI, RICHARD T | | NAME | | |
| STREET ADDRESS | 18531 SW 58TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33332 | | CITY-ST-ZIP | | |
| TITLE | | ☐ | TITLE | ☐ | ☐ |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ | TITLE | ☐ | ☐ |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ | TITLE | ☐ | ☐ |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ | TITLE | ☐ | ☐ |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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:** _____ Richard T Zicarelli    2-5-03    954-680-0503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #