## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P9400005702 1. Entity Name **GUZZETTA CORPORATION** 01-31-2001 90012 048 \*\*\*150.00 Mailing Address Principal Place of Business 5000 BLUE LAKE DRIVE 5000 BLUE LAKE DRIVE **BOCA RATON FL 33431** BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address 301 Yamato Rd. 301 Yamato Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 4195 Suite 4195 Applied For City & State 4. FEI Number City & State 65-0478031 Not Applicable Boca Raton, Boca Raton Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33431 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mark Guzzetta GUZZETTA, MARK Street Address (P.O. Box Number is Not Acceptable) 301 Yamato Rd. 5000 BLUE LAKE DRIVE **BOCA RATON FL 33341** Suite 4195 Zip Code Boca Raton, FL 33431 8. The above named entity subolits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, N FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **★** Change Addition TITLE ☐ Delete TITI F GUZZETA, MARK A Mark A. Guzzetta NAME STREET ADDRESS 5000 BLUE LAKE DRIVE STREET ADDRESS 301 Yamato Rd., Ste 4195 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** Boca Raton, FL 33431 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 received trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: