

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040688

1. Entity Name

ROZIO & LONDON, INC.

**FILED**  
**Aug 29, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90008 034 \*\*\*150.00

Principal Place of Business Mailing Address  
 6600 DUDLEY DR 6600 DUDLEY DR  
 NAPLES FL 34105 NAPLES FL 34105-3850

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **NOT APPLICABLE** 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

RITCHIE, RONALD W  
 5811 PELICAN BAY BLVD  
 SUITE 812  
 NAPLES FL 33963

MR. JEFF Kennen  
 5801 Pelican Bay Blvd.  
 Naples, FL 34108  
 S. # 300

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

8/15/00  
 DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐ \$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	ROZIO, ANDREW	<input checked="" type="checkbox"/> Delete
NAME		1071 SEAGRAPE DR	
STREET ADDRESS		MARCO ISLAND FL 34145	
CITY-ST-ZIP			
TITLE	V	LONDON, MATTEW	<input checked="" type="checkbox"/> Delete
NAME		786 WHISKEY CREEK DR	
STREET ADDRESS		MARCO ISLAND FL 34145	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	Matthew London	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		786 WHISKEY CREEK DR	
STREET ADDRESS		MARCO ISLAND, FL 34145	
CITY-ST-ZIP			
TITLE		JENNA ROZIO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1071 SEAGRAPE DR.	
STREET ADDRESS		MARCO ISLAND, FL 34145	
CITY-ST-ZIP			
TITLE		ELIZABETH LONDON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		786 WHISKEY CREEK DR.	
STREET ADDRESS		MARCO ISLAND, FL 34145	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 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

30-00

Date

(941) 434-0444

Daytime Phone #

CR2E034 (9/99)