

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90294 019 ***150.00

DOCUMENT # P94000040688

1. Entity Name -

ROZIO & LONDON, INC.

Principal Place of Business

**6600 DUDLEY DR
 NAPLES FL 34105**

Mailing Address

**6600 DUDLEY DR
 NAPLES FL 34105**

00013934

2. Principal Place of Business

as above

3. Mailing Address

As above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KENNENSOHN, JEFF
 5801 PELRAN BAY BLVD
 #300
 NAPLES FL 34108**

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 reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LONDON, MATTHEW	
STREET ADDRESS	786 WHISKEY CREEK DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROZIO, RENA	
STREET ADDRESS	1071 SEAGRAPE DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete
NAME	<i>ELBORO LONDON</i>	
STREET ADDRESS	<i>786 WHISKEY CREEK DR.</i>	
CITY-ST-ZIP	<i>MARCO ISLAND, FL 34145</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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: Irena Rozio IRENA ROZIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-01 (941) 434-0444

CR2E034 (10/00)