


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90144 032 \*\*\*150.00

00363961 AV

<b>DOCUMENT #</b> P94000040688	
1. Entity Name <b>ROZIO &amp; LONDON, INC.</b>	

Principal Place of Business <b>6600 DUDLEY DR NAPLES FL 34105</b>	Mailing Address <b>6600 DUDLEY DR NAPLES FL 34105</b>
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2. Principal Place of Business <b>SPINNAKER INN 6600 DUDLEY DRIVE NAPLES, FL 34105</b>	3. Mailing Address <b>SPINNAKER INN 6600 DUDLEY DRIVE NAPLES, FL 34105</b>
Suite, Apt. or Box <b>6600 DUDLEY DRIVE</b>	Suite, Apt. or Box <b>6600 DUDLEY DRIVE</b>
City & State <b>NAPLES, FL 34105</b>	City & State <b>NAPLES, FL 34105</b>
Zip <b>34105</b>	Country <b>FL</b>

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KENNENSOHN, JEFF 5801 PELRAN BAY BLVD #300 NAPLES FL 34108</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LONDON, MATTHEW</b>		NAME <b>IRENA ROZIO</b>	
STREET ADDRESS <b>786 WHISKEY CREEK DR</b>		STREET ADDRESS <b>2175 HAWKSRIDGE DR # 1201</b>	
CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>		CITY-ST-ZIP <b>NAPLES, FL 34105</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V-PRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROZIO, RENA</b>		NAME <b>MATTHEW LONDON</b>	
STREET ADDRESS <b>2175 HAWKSRIDGE DR #1201</b>		STREET ADDRESS <b>786 WHISKEY CREEK DR</b>	
CITY-ST-ZIP <b>NAPLES FL 34105</b>		CITY-ST-ZIP <b>MARCO ISLAND, F 34145</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LONDON, ELEONORA</b>		NAME	
STREET ADDRESS <b>786 WHISKEY CREEK DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MARCO ISLAND FL 34145</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** IRENA ROZIO 4-3-2003 (239) 436-0444

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

CR2E034 (10/02)