

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028888

1. Entity Name

THE LITZ INTERNATIONAL GROUP, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90097 011 ***150.00

Principal Place of Business

Mailing Address

8050 SEMINOLE OFFICE CENTER
SUITE 218
SEMINOLE FL 33772
US

8050 SEMINOLE OFFICE CENTER
SUITE 218
SEMINOLE FL 33772-4711
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8050 Seminole Office Center

8050 Seminole Office Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 218

Suite 218

City & State

Seminole FL

Zip

33772

Country

US

City & State

Seminole FL

Zip

33772

Country

US

4. FEI Number

59-3305345

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

LITZENBERGER, RICH
8050 SEMINOLE OFFICE CENTER
SUITE 218
SEMINOLE FL 33772

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LITZENBERGER, RICH
STREET ADDRESS 8050 SEMINOLE OFFICE CENTER, SUITE 218
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4-26-2000

727 3196407

CR2E034 (9/99)