

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90029 022 \*\*\*150.00

DOCUMENT # P96000046797

1. Entity Name  
**SUSAZNO, CORP.**

Principal Place of Business

Mailing Address

712 S SUMMERLIN AVE  
 ORLANDO FL 32801  
 US

712 S SUMMERLIN AVE  
 ORLANDO FL 32801  
 US

2. Principal Place of Business

3. Mailing Address

**1131 Briercliff Drive**  
 Suite, Apt. #, etc.

**1131 Briercliff Drive**  
 Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State  
**Orlando FL**

Zip  
**32806**

Country  
**USA**

Zip  
**32806**

Country  
**USA**

4. FEI Number **59-3395434**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANCOEUR, JASON**  
**712 S SUMMERLIN AVE**  
**ORLANDO FL 32801**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1131 Briercliff Drive**  
 City **Orlando** **FL** Zip Code **32806**

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 \_\_\_\_\_ DATE **1/20/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 | NAME             | STREET ADDRESS          | CITY - ST - ZIP  | <input type="checkbox"/> Delete |
|-------|------------------|-------------------------|------------------|---------------------------------|
| VTD   | FRANCOEUR, JASON | 712 SOUTH SUMMERLIN AVE | ORLANDO FL 32801 | <input type="checkbox"/>        |
|       |                  |                         |                  | <input type="checkbox"/>        |
|       |                  |                         |                  | <input type="checkbox"/>        |
|       |                  |                         |                  | <input type="checkbox"/>        |
|       |                  |                         |                  | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS               | CITY - ST - ZIP          | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------------------|--------------------------|--|-----------------------------------|
|       |      | <b>1131 Briercliff Drive</b> | <b>Orlando, FL 32806</b> | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                              |                          | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                              |                          | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                              |                          | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                              |                          | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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: \_\_\_\_\_ DATE **1/20/01** DAYTIME PHONE # **407.560-3270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)