FROM : GARY ONORATI & ASSOC. P.A.   FAX NO. : 9549782799

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90291 034 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053845

1. Entity Name
EUGENE J. ZICCARELLI, SR., INC.

90125967

Principal Place of Business	Mailing Address
4304 NW 67 WAY CORAL SPRINGS, FL 33067	4304 NW 67 WAY CORAL SPRINGS, FL 33067

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
4400 W. SAMPLE RD.		4400 W. SAMPLE	
Suite, Apt. #, etc. #132.		Suite, Apt. #, etc. 132	
City & State COCONUT CREEK FL.		City & State COCONUT CK FL.	
Zip 33073	Country BROWARD.	Zip 33073.	Country BROWARD.

4. FEI Number 65-0675589 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZICCARELLI, EUGENE J SR
4304 NW 67 WAY
CORAL SPRINGS, FL 33067

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eugene J. Ziccarelli Sr   4/30/03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ZICCARELLI, EUGENE J SR 4304 NW 67 WAY CORAL SPRINGS, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Eugene J. Ziccarelli Sr. PRESIDENT EUGENE JOHN ZICCARELLI, SR. 4/30/03. 954-977-4457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #