

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097237

1. Entity Name

AVRIZO ENTERPRISES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90222 040 ***150.00

Principal Place of Business

7605 STATE RD 52
HUDSON FL 34667
US

Mailing Address

7605 STATE RD 52
HUDSON FL 34667-6718
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3413968

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

HAMMOND, JAMES M ESQ.
1831 NO BELCHER ROAD STE A-1
CLEARWATER FL 34625

Name Douglas J. Amidon, Esq.

Street Address (P.O. Box Number is Not Acceptable)

40347 U.S. 19 N Suite 115

Tarpon Springs

FL

34689

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 VP
NAME RIZZO, DAVID ☒ Delete
STREET ADDRESS 4042 SAVAGE STATION CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE President
NAME Steven Avramidis ☐ Change ☒ Addition
STREET ADDRESS 7605 State Rd. 52
CITY-ST-ZIP Hudson FL 34667-6718

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)