

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **97000029388**

1. Entity Name

J. T. LANZA HOLDINGS, Inc.

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90354 039 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7893 SADDLEBROOK DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL

City & State

SAME

Zip

34986

Country

Zip

Country

4. FEI Number

65-0791598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

COOK, ROBERT B ESQUIRE

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

11911 U.S. HIGHWAY ONE, STE 112

City

NORTH PALM BEACH

FL

Zip Code

33408

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$31.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JOHN T. LANZA
7893 SADDLEBROOK DR.
PORT ST LUCIE F 34986**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. LANZA

Date

2/22/02

Daytime Phone #

**561
466 1686**