

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90164 046 \*\*\*150.00

DOCUMENT # P97000056950

1. Entity Name

GREG DIRENZO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~1222 SE 47TH ST  
#107  
CAPE CORAL FL 33904  
US~~

~~1222 SE 47TH ST  
#107  
CAPE CORAL FL 33904-9602  
US~~

2. Principal Place of Business

1110 PINE ISLAND RD

3. Mailing Address

1110 PINE ISLAND RD

Suite, Apt. #, etc.

#22

City & State

CAPE CORAL FL

Zip

33909

Country

LEE

Suite, Apt. #, etc.

#22

City & State

CAPE CORAL FL

Zip

33909

Country

LEE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0796858

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

Name

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

City

FL

Zip Code

DIRENZO, GREGORIO A  
2401 SW 40TH TERRACE  
CAPE CORAL FL 33914

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                       | <input type="checkbox"/> Delete            |
| NAME           | DIRENZO, GREGORIO A      |  |
| STREET ADDRESS | 2401 SW 40TH TERRACE     |  |
| CITY-ST-ZIP    | CAPE CORAL FL 33914      |  |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | DIRENZO, MATTHEW J       |  |
| STREET ADDRESS | 2141 SE SANTA BARBARA PL |  |
| CITY-ST-ZIP    | CAPE CORAL FL 33990      |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/00 941-242-5858