2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90117 006 ***150.00

DOCUMENT # P97000059129

1. Entity Name

PRANZO, INC.

Principal Place of Business	Mailing Address
1086 NE TERRACE WAY JENSEN BEACH FL 34957	1086 NE TERRACE WAY JENSEN BEACH FL 34994-1016

UUUJ4U4J

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
763 N Federal Hwy	763 N. Federal Hwy
Suite, Apt. #, etc: Stuart	Suite, Apt. #, etc
City & State: Stuart, Fl	City & State: Stuart Fl.
Zip: 34994 Country: Martin	Zip: 34994 Country: Martin

4. FEI Number 65-0772022 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POSTLE, MAUREEN C
1086 NE TERRACE WAY
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name: Maureen Postle
Street Address (P.O. Box Number is Not Acceptable): 301 Tressler Dr.
City: Stuart FL Zip Code: 34994

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: Maureen Postle - President 1-25-00
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 Checks 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	D POSTLE, MAUREEN C 1086 NE TERRACE WAY JENSEN BEACH FL 34957	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Maureen Postle 301 Tressler Dr. Stuart, Fl. 34994	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Maureen Postle - President Maureen Postle 561-692-4180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (8/99)