

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102076

1. Entity Name

THE CANZERI COMPANY, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90017 018 \*\*\*150.00

Principal Place of Business

Mailing Address

2747 BLANDING BLVD  
SUITE 102  
MIDDLEBURG FL 32068  
US

2747 BLANDING BLVD  
SUITE 102  
MIDDLEBURG FL 32068-5653  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

604 CRANDON BLVD

3. Mailing Address

604 CRANDON BLVD.

Suite, Apt. #, etc.

# 205

Suite, Apt. #, etc.

# 205

City & State

KEY BISCAYNE

City & State

KEY BISCAYNE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33149

USA

Zip

Country

FL 33149

USA

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

CHAPMAN, FRAN  
2747 BLANDING BLVD  
SUITE 102  
MIDDLEBURG FL 32068

Name

PAUL R. AUCHTER

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

# 205

604 CRANDON BLVD

City

KEY BISCAYNE

FL

Zip Code

33149

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

*[Signature]*

PAUL R. AUCHTER

03/08/00

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 checked="" type="checkbox"/> Delete
NAME	CANZERI, PATRICIA	
STREET ADDRESS	2747 BLANDING BLVD., STE 102	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CANZERI, JOSEPH W	
STREET ADDRESS	2747 BLANDING BLVD., STE 102	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AUCHTER, PAUL R	
STREET ADDRESS	1111 CRANDON BLVD, #C-702	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANZERI, PATRICIA NOVAK	
STREET ADDRESS	604 CRANDON BLVD #205	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANZERI, JOSEPH W	
STREET ADDRESS	604 CRANDON BLVD #205	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
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		
STREET ADDRESS		
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]* PRESIDENT

03/08/00

(917)603-4456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH W. CANZERI

Date

Daytime Phone #

CR2E034 (9/99)