

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039708

Entity Name
MAZON TROPICALS, INC.

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90003 038 ***150.00

0121082 AT

Principal Place of Business
905 LAKE CHARLES CR.
LUTZ FL 33549

Mailing Address
P.O. BOX 280473
TAMPA FL 33682
US



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3511442	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KUZMA, DIANN
905 LAKE CHARLES CR.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name _____

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUZMA, DIANN 905 LAKE CHARLES CR. LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUZMA, RICHARD 905 LAKE CHARLES CR. LUTZ FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Diann Kuzma 7-10-01 813-949-9317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

ATTACHMENT
A0877563



P98000039708

P. O. BOX 280473 • TAMPA, FLORIDA 33682 • (813) 864-7787
949-9317

7-9-01

Dear Division of Corporations representative,

We received the UBR form on July 9, 2001. At this time we realized that we had not received the form in January as usual. In the past 2 years that we have been a Corporation we have always filed early in February. As soon as we received the form I contacted your office, I was told to write a letter and send in the \$150.00 that was due. We are still new at dealing with the many aspects of Corporate responsibility and occasionally make errors.

I respectfully ask that you consider our previous record of filling early and waive the penalty. I thank you in advance for your consideration and understanding.

Sincerely,

Diann Kuzma
Richard Kuzma