

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90086 037 \*\*\*150.00

0541940 AV

**DOCUMENT # P99000008933**

1. Entity Name  
**PEZZANO ENTERPRISES, INC.**



Principal Place of Business  
**780 27TH STREET NW  
NAPLES FL 34120**

Mailing Address  
**780 27TH STREET NW  
NAPLES FL 34120**



2. Principal Place of Business

**5401 JAEGER RD**

3. Mailing Address

**5401 JAEGER RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Naples FL**

City & State  
**Naples FL**

4. FEI Number **59-3556269**

Applied For  
Not Applicable

Zip Country  
**34109 USA**

Zip Country  
**34109 USA**

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

6. Name and Address of Current Registered Agent

**PEZZANO, VINCENT  
780 27TH STREET NW  
NAPLES FL 34120**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **PEZZANO, VINCENT**  
STREET ADDRESS **780 27TH STREET NW**  
CITY-ST-ZIP **NAPLES FL 34120**

TITLE **D** ☐ Delete  
NAME **RUSSETTO, A. DANIEL**  
STREET ADDRESS **6057 HOLLOW DRIVE**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **RUSSETTO, A. DANIEL**  
STREET ADDRESS **8416 MALLOW LN.**  
CITY-ST-ZIP **NAPLES FL 34113**

TITLE ☐ Change ☒ Addition  
NAME **DIPASCALE, JOSEPH**  
STREET ADDRESS **3434 ANTON CT**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-03** **239** **341-8099**

Date Daytime Phone #

CR2E034 (10/02)