

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000011124

1. Entity Name

PATRICK A. PIZZULO, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90064 026 ***150.00

Principal Place of Business

Mailing Address

45 TEAK RUN
OCALA FL 34472

45 TEAK RUN
OCALA FL 37416-3846

2. Principal Place of Business

3. Mailing Address

45 Teak Run

4715 Bonney Oaks Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1306

City & State
Ocala FL

City & State
Chattanooga TN

Zip
34472

Country

Zip

37416

Country

4. FEI Number

65-0893214

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

PIZZULO, PATRICK A
45 TEAK RUN
OCALA FL 34472

Name

Nancy A Martino EA

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

1645 SE 58 Ave #3

City

Ocala

FL

Zip Code

34471

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

Nancy A Martino EA

Nancy A Martino EA

4-7-00

(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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIZZULO, PATRICK A
45 TEAK RUN
OCALA FL 34472 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Pizzulo, Patrick A
4715 Bonney Oaks Dr # 1306
Chattanooga TN 37416 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)