

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90070 025 ***150.00

DOCUMENT # P99000011620

1. Entity Name

MAZZONE, INC.

Principal Place of Business

**31177 U.S. HIGHWAY 19 NORTH
 SUITE 106
 PALM HARBOR FL 34684**

Mailing Address

**31177 U.S. HIGHWAY 19 NORTH
 SUITE 106
 PALM HARBOR FL 34684**

2. Principal Place of Business

7551 ULMERTON RD.

Suite, Apt. #, etc.

F

City & State

LARGO FLORIDA

Zip
33771

Country
US

3. Mailing Address

7551 ULMERTON

Suite, Apt. #, etc.

F

City & State

LARGO FLORIDA

Zip
33771

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3556693

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

**MEZZONE, CHRISTOPHER J
 3118 GULF TO BAY BLVD., STE 231
 CLEARWATER FL 33759**

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

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, 2001 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
**PSTD
 MAZZONE, CHRISTOPHER J
 31177 U.S. HIGHWAY 19 NORTH
 PALM HARBOR FL 34684** ☐ Delete

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

TITLE
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 CITY-ST-ZIP
**VD
 MAZZONE, MICHELE A
 31177 U.S. HIGHWAY 19 NORTH
 PALM HARBOR FL 34684** ☐ Delete

TITLE
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 CITY-ST-ZIP
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 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 (10/00)