## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State DOCUMENT # **P99000026672** 1. Entity Name FRANK L. RIZZO, INC. 04-20-2001 90003 044 \*\*\*150.00 Principal Place of Business Mailing Address 7016 GOLF POINTE CIRCLE 7016 GOLF POINTE CIRCLE きゅうさいり TAMARAC FL 33321-2727 TAMARAC FL 33321-2727 2. Principal Place of Business 3. Mailing Address 4351 E. COUNTRY CLUB P.O. BOX 120010 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0908552 T. LAUDERDALE PLANTATION. Not-Applicable \$8.75 Additional Zip 33312 33317 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANK RIZZO, FRANK L Street Address (P.O. Box Number is Not Acceptable) 7016 GOLF POINTE CIRCLE TAMARAC FL 33321-2727 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change RIZZO, FRANKL. RIZZO, FRANK L NAME 4351 E' COUNTRY CLOB CIRCLE STREET ADDRESS STREET ADDRESS 7016 GOLF POINTE CIRCLE PLANTATION, FL 33317 CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 TITLE ☐ Delete ☐ Addition RIZZO TERESITA J. NAME RIZZO, TERESITA J 4351 E. COUNTRY CLUB CIRCLE STREET ADDRESS STREET ADDRESS 7016 GOLF POINTE CIRCLE CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33317 TAMARAC FL 33321 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FLANK L. RIZZO

ING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other

SIGNATURE: