

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90148 023 ***150.00

DOCUMENT # P99000026672

1. Entity Name
FRANK L. RIZZO, INC.



Principal Place of Business
**4351 E COUNTRY CLUB CIRCLE
PLANTATION FL 33317**

Mailing Address
**PO BOX 120010
FORT LAUDERDALE FL 33312**

2. Principal Place of Business
10575 SE. 45 AVE
Suite, Apt. #, etc.

3. Mailing Address
F.O. BOX 3580
Suite, Apt. #, etc.

City & State
BELLEVIEW, FL
Zip
34420
Country
USA

City & State
BELLEVIEW, FL
Zip
34421-3580
Country
USA

4. FEI Number
65-0908552

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RIZZO, FRANK L
4351 E COUNTRY CLUB CIRCLE
PLANTATION FL 33317**

7. Name and Address of New Registered Agent

Name
RIZZO FRANK L.
Street Address (P.O. Box Number is Not Acceptable)
10575 S.E. 45 AVE
City
BELLEVIEW **FL** Zip Code
34420

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

2-26-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIZZO, FRANK L 4351 E COUNTRY CLUB CIRCLE PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIZZO, TERESITA J 4351 E COUNTRY CLUB CIRCLE PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIZZO, FRANK L. 10575 S.E. 45 AVE BELLEVIEW, FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIZZO, TERESITA J. 10575 SE. 45 AVE BELLEVIEW, FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03

Date

(352) 245 8786

Daytime Phone #

CR2E034 (10/02)