

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000050321

1. Entity Name
FIRENZE ENTERPRISES GROUP, INC.



Principal Place of Business
**THE BEAN 2240 PERWINKLE WAY
SANIBEL ISLAND FL 33957**

Mailing Address
**THE BEAN 2240 PERWINKLE WAY
SANIBEL ISLAND FL 33957**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90763 037 ***150.00



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0940244**

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

**DIX, DANIEL
900 ALMAS CT.
SANIBEL ISLAND FL 33957**

Name **DIX, DANIEL**

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

2240 PERIWINKLE WAY

City

SANIBEL

FL

Zip Code

33957

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DIX, DANIEL V**
STREET ADDRESS **530 PIEDMONT RD. 2240 B. PERIWINKLE**
CITY-ST-ZIP **SANIBEL FL 33757**

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

TITLE **VST** ☐ Delete
NAME **DIX, MONICA M**
STREET ADDRESS **530 PIEDMONT RD. 2240 B. PERIWINKLE**
CITY-ST-ZIP **SANIBEL FL 33757**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

7 March 03 239-395-1919

Date

Daytime Phone #

CR2E034 (10/02)