

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057393

1. Entity Name

J. ROZ, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90152 012 \*\*\*150.00

Principal Place of Business

Mailing Address

5827 FIELDSPRING AVE.  
 NEW PORT RICHEY FL 34655

5827 FIELDSPRING AVE.  
 NEW PORT RICHEY FL 34668-3743

2. Principal Place of Business

10146 US Hwy 19

3. Mailing Address

10146 US Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Port Richey FL

City & State  
 Port Richey FL

4. FEI Number  
 593586576

Applied For  
 Not Applicable

Zip  
 34685

Country  
 USA

Zip  
 34685

Country  
 USA

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

BIERWEILER, RAYMOND H  
 9039 LITTLE RD.  
 NEW PORT RICHEY FL 34654

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

*Janice Rozycki*

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  Delete  
 NAME D ROZYCKI, JANICE E  
 STREET ADDRESS 5827 FIELDSPRING AVE.  
 CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 10146 U.S. 19  
 CITY-ST-ZIP Port Richey, FL 34685

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Janice Rozycki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #