

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90054 025 ***150.00

DOCUMENT # P99000082285

1. Entity Name
IZZO BUILDERS, INC.

Principal Place of Business
**1041 SOUTHEAST SEAGRASS AVE.
PORT ST. LUCIE FL 34983**

Mailing Address
**1041 SOUTHEAST SEAGRASS AVE.
PORT ST. LUCIE FL 34983**

2. Principal Place of Business
1338 SW BILTMORE ST
Suite, Apt. #, etc.

3. Mailing Address
1338 SW BILTMORE ST
Suite, Apt. #, etc.

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

4. FEI Number **65-0977185**

Applied For
Not Applicable

Zip Country
34983-2958 ST LUCIE

Zip Country
34983-2958 ST LUCIE

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

6. Name and Address of Current Registered Agent

**IZZO, THOMAS F
1041 SE SEAGRASS AVENUE
PORT SAINT LUCIE FL 34983-4031**

7. Name and Address of New Registered Agent

Name **THOMAS F IZZO**
Street Address (P.O. Box Number is Not Acceptable)
1338 SW BILTMORE ST
City **PORT ST LUCIE** FL Zip Code **34983-2958**

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 **Thomas F Izzo**
Signature, typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/2002
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, 2002 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	IZZO, THOMAS F	
STREET ADDRESS	1041 SOUTHEAST SEAGRASS AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **Thomas F Izzo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-02

Date

Daytime Phone #

CR2E034 (9/01)