2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90164 004 ***150.00

DOCUMENT # S59121

1. Entity Name
RIZZETTA & COMPANY, INCORPORATED

Principal Place of Business
3550 BUSCHWOOD PARK DR
STE 135
TAMPA FL 33618
US

Mailing Address
3550 BUSCHWOOD PARK DR
STE 135
TAMPA FL 33618
US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3434 Colwell Avenue
Suite, Apt. #, etc.
Suite 200
City & State
Tampa, FL
Zip 33614
Country U.S.A.

3. Mailing Address
3434 Colwell Avenue
Suite, Apt. #, etc.
Suite 200
City & State
Tampa, FL
Zip 33614
Country U.S.A.

4. FEI Number 59-3075187 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIZZETTA, WILLIAM J
3550 BUSCHWOOD PARK DR
STE 135
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3434 Colwell Avenue
Suite 200

City Tampa FL Zip Code 33614

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

TITLE	DP
NAME	RIZZETTA, WILLIAM J.
STREET ADDRESS	2232 CLIMBING IVY DR.
CITY-ST-ZIP	TAMPA FL 33618
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 RECEIVED 1-30-03 (813) 933-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)