

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90069 016 ***150.00

DOCUMENT # S69319

1. Entity Name
JOHN P. IZZO & ASSOCIATE, INCORPORATED



Principal Place of Business

**100 N INDIANA AVE
ENGLEWOOD FL 34223**

Mailing Address

**967 EDEN DR.
ENGLEWOOD FL 34223**



2. Principal Place of Business

773 So. INDIANA AVE

3. Mailing Address

773 So. INDIANA AVE

Suite, Apt. #, etc.

UNIT A

Suite, Apt. #, etc.

UNIT A

City & State

ENGlewood, FL

City & State

ENGlewood, FL

Zip

Country

34223 USA

Zip

Country

34223 USA

4. FEI Number

65-0275494

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

IZZO, JOHN P.

**100 N INDIANA AVE 773 So. INDIANA AVE.
ENGlewood FL 34223**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	JOHN P. IZZO	
STREET ADDRESS	100 N INDIANA	
CITY-ST-ZIP	ENGlewood FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VICTORIA GUERRIERO	
STREET ADDRESS	100 N INDIANA	
CITY-ST-ZIP	ENGlewood FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN IZZO	
STREET ADDRESS	773 So. INDIANA AVE	
CITY-ST-ZIP	ENGlewood, FL 34223	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTORIA Guerriero	
STREET ADDRESS	773 So. INDIANA AVE	
CITY-ST-ZIP	ENGlewood, FL 34223	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

2-3-03 941 475-7617

CR2E034 (10/02)