

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90702 009 ***150.00

DOCUMENT # P01000020047
1. Entity Name
CZ, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2201 ARBOR OAKS DRIVE</u>		3. Mailing Address <u>2201 ARBOR DRIVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>VALRICO, FL</u>		City & State <u>VALRICO, FL</u>	
Zip <u>33594</u>	Country	Zip <u>33594</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3715313</u>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CURTIS BRITT

Street Address (P.O. Box Number is Not Acceptable)
2201 ARBOR OAKS DRIVE

City VALRICO FL Zip Code 33594

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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR, PRESIDENT, VP, T</u> <u>CURTIS BRITT</u> <u>2201 ARBOR OAKS DRIVE</u> <u>VALRICO, FL 33594</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/4/02 (313) 493-7573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)