

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90684 024 ****61.25

DOCUMENT # 733705

1. Entity Name

ZIRKEL'S ESTATES, INC.

Principal Place of Business

**6187 ZIRKEL CIRCLE
 BROOKSVILLE FL 34609**

Mailing Address

**6187 ZIRKEL CIRCLE
 BROOKSVILLE FL 34609**

2. Principal Place of Business

6231 Zirkel Circle

Suite, Apt. #, etc.

3. Mailing Address

6231 Zirkel Circle

Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

Brooksville FL

Zip

34604

Country

Hernando

Zip

34604

Country

Hernando

4. FEI Number

39-6200064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KOJIS, ANTHONY S.
 6187 ZIRKEL CIRCLE
 BROOKSVILLE FL**

7. Name and Address of New Registered Agent

Name

Don Webb

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

6231 Zirkel Circle

City

Brooksville

FL

Zip Code

34604

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

Don Webb

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-20-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
 NAME **RECKNAGEL, JAMES**
 STREET ADDRESS **6170 ZIRKEL CIRCLE**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ Delete
 NAME **RUSSO, VINCENT**
 STREET ADDRESS **6115 ZIRKEL CIRCLE**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **STD** ☒ Delete
 NAME **KOJIS, ANTHONY S.**
 STREET ADDRESS **6187 ZIRKEL CIRCLE**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **P** ☐ Delete
 NAME **SINGER, JOSEPH A**
 STREET ADDRESS **6159 ZIRKEL CIR**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ Delete
 NAME **NOLTE, BILLIE**
 STREET ADDRESS **6144 ZIRKEL CIRCLE**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☒ Delete
 NAME **ROGERS, ELSIE**
 STREET ADDRESS **6211 ZIRKEL CR**
 CITY-ST-ZIP **BROOKSVILLE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **T** ☒ Change ☐ Addition
 NAME **Don Webb**
 STREET ADDRESS **6231 Zirkel Circle**
 CITY-ST-ZIP **Brooksville, FL. 34604**

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

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

TITLE **S** ☒ Change ☐ Addition
 NAME **Olga Boniagro**
 STREET ADDRESS **6241 Zirkel Circle**
 CITY-ST-ZIP **Brooksville FL. 34604**

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 617, 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

5-20-02

Date

352/799-8001

Daytime Phone #

CR2E037 (9/01)