

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90084 031 \*\*\*150.00

**DOCUMENT # 807470**

1. Entity Name

**ZITA INC**

Principal Place of Business

Mailing Address

**11 N ASTOR  
 WISCONSIN 53202**

**660 E. MASON ST.  
 %MARGARET T. LUND  
 MILWAUKEE WISCONSIN 53202-3830  
 US**

**80077939**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**39-0729030**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBBINS, LUCILLE  
 3451 COUNTY BARN RD.  
 APT. G 204  
 NAPLES FL 33962**

Name

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

City

**FL**

Zip Code

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

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

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	MEYST, KARLA K	
STREET ADDRESS	1122 N ASTOR STREET	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	LUND, MARGARET	
STREET ADDRESS	660 E MASON STREET	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PETTIT, JANE BRADLEY	
STREET ADDRESS	660 E MASON ST.	
CITY-ST-ZIP	MILWAUKEE WI 53202	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROAK, FRANCIS R	
STREET ADDRESS	660 E MASON ST	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

*Margaret T. Lund*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret T. Lund

4/26/00

Date

(414)227-1205

Daytime Phone #