

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90030 049 \*\*\*150.00

**DOCUMENT # 852207**

1. Entity Name

**ZODIAC OF NORTH AMERICA, INC.**

Principal Place of Business

Mailing Address

THOMPSON CREEK RD.  
 STEVENSVILLE MD 21666  
 US

P.O. BOX 400  
 STEVENSVILLE MD 21666-0400

80014554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*540 Thompson Creek Rd*

City & State

City & State

*Stevensville MD*

4. FEI Number

**52-0906929**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

*21666 USA*

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS ST, SUITE 105  
 TALLAHASSEE FL 32301

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE, JEAN-JACQUES	NAME	
STREET ADDRESS	THOMPSON CREEK RD	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE MD 21666	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, HOWARD T.	NAME	
STREET ADDRESS	THOMPSON CREEK RD.	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE MD	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINAULT, MAURICE	NAME	
STREET ADDRESS	540 THOMPSON CREEK ROAD	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE MD	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, GEORGE R	NAME	
STREET ADDRESS	540 THOMPSON CREEK RD.	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE MD	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITMAN, CHARLES H.	NAME	
STREET ADDRESS	540 THOMPSON CREEK RD.	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE MD	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, WILLIAM R.	NAME	
STREET ADDRESS	540 THOMPSON CREEK RD.	STREET ADDRESS	
CITY-ST-ZIP	STEVENSVILLE MD	CITY-ST-ZIP	

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:

*Howard T. French*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/21/00 410-643-4141*