CR2E034 (9/01

## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State P00000077864 DOCUMENT # 1. Entity Name 04-02-2002 90881 017 \*\*\*150.00 ZIMMET, UNICE, SALZMAN & FELDMAN, P.A. Principal Place of Business Mailing Address 2650 MCCORMICK DR 2650 MCCORMICK DR **STE 100 STE 100 CLEARWATER FL 33759 CLEARWATER FL 33759** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3669875 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIMMET. ALAN S ESQ. Street Address (P.O. Box Number is Not Acceptable) **4702 BELDEN CIRCLE** PALM HARBOR FL 34685 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PD ☐ Change ■ Addition Delete TITLE ZIMMET, ALAN S NAME NAME STREET ADDRESS **4702 BELDEN CIRCLE** STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE ☐ Change UNICE, T. R JR.,ESQ NAME NAME STREET ADDRESS 853 ROYAL BIRKDALE DRIVE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS FL 34689 CITY-ST-ZIP TITLE **VPTD** Delete TITLE ☐ Chānge ☐ Addition SALZMAN, ANDREW J ESQ. NAME NAME 959 RIVERSIDE RIDGE ROAD STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34689** CITY-ST-ZIP CITY-ST-ZIP TITLE **VPSD** ☐ Delete TITLE ☐ Change ☐ Addition FELDMAN, DONNA J ESQ. NAME NAME STREET ADDRESS 3001 GEIGER COURT STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida 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. Zinnet SIGNATURE: