2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100145

1. Entity Name
J & U ZINN, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State
04-20-2001 90191 004 ***150.00

Principal Place of Business	Mailing Address
8255 LONG BAY BLVD. SARASOTA FL 34243	8255 LONG BAY BLVD. SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

	2. Principal Place of Business	3. Mailing Address
Address	Big City Hot Dog & Deli	5848 Bee Ridge Rd
Suite, Apt. #, etc.	Unit 22	Unit 22
City & State	Sarasota FL	Sarasota FL
Zip		
Country	USA	USA

4. FEI Number 65-1048612 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOIGT & VOIGT, P.A.
2414 BEE RIDGE RD.
SARASOTA FL 34239

7. Name and Address of New Registered Agent

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, 2001 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	Pres. Vice Pres Sec + Treasurer	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	John Zinn		NAME		
STREET ADDRESS	8255 Long Bay Blvd		STREET ADDRESS		
CITY-ST-ZIP	Sarasota FL 34243		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: John Zinn 4-3-01 941-378-0545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #