

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-18-2003 90077 020 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000012889

1. Entity Name
CHRIS ZABELLI, INC.



Principal Place of Business
 7676 NEMEC DRIVE SOUTH
 WEST PALM BEACH FL 33406
 US

Mailing Address
 7676 NEMEC DRIVE SOUTH
 WEST PALM BEACH FL 33406
 US

55052969



2. Principal Place of Business

3. Mailing Address

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0813663**

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

ZABELLI, CHRIS
 7676 NEMEC DRIVE SOUTH
 WEST PALM BEACH FL 33406

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Chris Zabell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE **7/15/03**

FILE NOW!!! FEE IS \$550.00
 After September 10, 2003 Fee will be \$750.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PVST ZABELLI, CHRIS**
 STREET ADDRESS **7676 NEMEC DRIVE SOUTH**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ZABELLI, CHRIS**
 STREET ADDRESS **7676 NEMEC DRIVE SOUTH**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an agreement with an address, with all other like empowered.

SIGNATURE *CHRIS ZABELLI*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/15/03** DAYTIME PHONE # **5616013003**

CFR2E094 (4/03)

Attachment

550529109 ^{7/28/03}

#P9800012889

To Whom It May Concern,

I recently sent in a payment of \$150^{xx} along with a note stating, I did not receive the May bill. Then I receive the following enclosed copies. I followed the letter up with a phone call and they told be to write to the Restatement Dept. As mentioned above I did not receive May's bill and from my husband you call well I have never been late therefore I looking for adjustment of the \$400^{xx} late fee I hope you can help me. Thank you!

Sincerely yours

Christopher F. Jankell