

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90006 045 ***150.00

DOCUMENT # S95547

1. Entity Name

ZEIGLER & NAVARRO, INC.

Principal Place of Business

2118 MEADOWBROOK DRIVE
LUTZ FL 33549
US

Mailing Address

2118 MEADOWBROOK DRIVE
LUTZ FL 33549
US

C0033856

2. Principal Place of Business

10940 New Brighton Ct.

3. Mailing Address

10940 New Brighton Ct.

Suite, Apt. #, etc.

New Port Richey Florida

Suite, Apt. #, etc.

New Port Richey, Florida

City & State

34654 USA

City & State

34654 USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0311985

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

ZEIGLER, WILLIAM P.

10940 NEW BRIGHTEN CT

NEW PORT RICHEY FL 34654

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 **P** ☐ Delete
NAME **ZEIGLER, WILLIAM P.**
STREET ADDRESS **10940 NEW BRIGHTEN CT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

TITLE **S** ☐ Delete
NAME **ZEIGLER, NANCY R.**
STREET ADDRESS **10940 NEW BRIGHTEN CT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

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

TITLE **DV** ☐ Delete
NAME **NAVARRO, JOE M.**
STREET ADDRESS **4350 FLORA AVE**
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **DT** ☐ Delete
NAME **NAVARRO, KATHY A.**
STREET ADDRESS **4350 FLORA AVE**
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

352 382 4653

Daytime Phone #

CR2E034 (10/00)