

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 180552 ✓

1. Entity Name

Zaun Equipment, Inc.

Principal Place of Business

Mailing Address

3180 Yattika Place
Longwood, FL 32779-3113

P.O. Box 952272
Lake Mary, FL 32795-2272

FILED
Jul 05, 2000 8:00 am
Secretary of State

07-05-2000 90878 050 ***400.00
06-19-2000 90006 016 ***150.00

2. Principal Place of Business

3180 Yattika Place
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 952272
Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Lake Mary, FL

4. FEI Number

59-0722715

Applied For

Not Applicable

Zip

Country

32779-3113

USA

Zip

32795-2272

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00067455

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Virginia M. Bruns

Street Address (P.O. Box Number is Not Acceptable)

3180 Yattika Place

City

Longwood

FL

Zip Code

32779-3113

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

Virginia M. Bruns

Virginia Bruns, President

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
Bruns, Virginia M.
3180 Yattika Place
Longwood, FL 32779-3113

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

VD

Alvarez, J.F.

3180 Yattika Place
Longwood, FL 32779-3113

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

J.F. Alvarez
J.F. Alvarez, J.P.

6/9/00 407 330-2176

Date

Daytime Phone #

CR2E034 (9/99)