

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90170 031 ***150.00

DOCUMENT # 435254

1. Entity Name

ZANDER CONSTRUCTION CORP.

Principal Place of Business

1821 LEMON AVENUE SUITE D
VERO BEACH FL 32960

Mailing Address

1821 LEMON AVENUE SUITE D
VERO BEACH FL 32960-6229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1515150

Not

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZANDER, KLAUS
1821 LEMON AVE., SUITE D
VERO BEACH FL

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00

Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	P	<input type="checkbox"/> Delete
NAME	ZANDER, KLAUS	
STREET ADDRESS	735 DAHLIA LANE	
CITY-ST-ZIP	VERO BCH FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	ZANDER, CLEMENCE	
STREET ADDRESS	735 DAHLIA LANE	
CITY-ST-ZIP	VERO BCH FL	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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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 12, as 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

Date

Daytime Phone #

KLAUS ZANDER 2/4/2000 561-231-