

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90908 004 ***150.00

DOCUMENT # 451012

1. Entity Name
J. ZAHN & CO.

Principal Place of Business

Mailing Address

**511 9TH STREET N.
 ST. PETERSBURG FL 33701**

**511 9TH STREET N.
 ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

29605 US 19 #

29605 US 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

130

130

City & State

City & State

CLEARWATER FL

CLEARWATER FL

Zip

Country

Zip

Country

33761

PINELLAS

33761

PINELLAS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAHN, JOSEPH F
 511 9TH STREET N.
 ST. PETERSBURG FL 33701**

Name
THOMAS E PEASE

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

29605 US 19 STE 130

City

CLEARWATER

FL

Zip Code

33761

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 Thomas E Pease **THOMAS E PEASE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/22/02
 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, 2002 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 **PTSD**
 NAME **ZAHN, JOSEPH F.**
 STREET ADDRESS **4838 PARADISE WAY SE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

TITLE **P**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **PDS**
 NAME **NANCY B ELLIS**
 STREET ADDRESS **102 TALLENT LANE**
 CITY-ST-ZIP **VONORE TN 37885** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE **TD**
 NAME **THOMAS E PEASE**
 STREET ADDRESS **29605 US 19 # 130**
 CITY-ST-ZIP **CLEARWATER FL 33761** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 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: Thomas E Pease **THOMAS E PEASE** 5/22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

OFFICE of VITAL STATISTICS CERTIFIED COPY

CERTIFICATE OF DEATH FLORIDA

451012 / 10746

LOCAL FILE NO.		DECEDENT'S NAME		2. SEX	
		Joseph Francis Zahn		Male	
3. DATE OF DEATH (Month, Day, Year)		4. SOCIAL SECURITY NUMBER		5a. AGE - Last Birthday (years)	
APR 17, 2002		359-40-8086		49	
6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
March 4, 1953		McHenry, Illinois		NO	
9a. PLACE OF DEATH (Check only one: see instructions on other side)		9b. INSIDE CITY LIMITS? (Yes or No)		9c. COUNTY OF DEATH	
HOSPITAL: Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		Yes		Pinellas	
9c. FACILITY NAME (If not institution, give street and number)		9d. CITY, TOWN, OR LOCATION OF DEATH		12. SURVIVING SPOUSE (If wife, give maiden name)	
Bayfront Medical Center		St. Petersburg		Jane Cline	
10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	
Owner/operator		Direct Mail & Office furniture		Married	
13a. RESIDENCE - STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION	
Florida		Pinellas		St. Petersburg	
13d. INSIDE CITY LIMITS? (Yes or No)		13e. ZIP CODE		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	
Yes		33705		No	
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Maiden Surname)		15. RACE - American Indian, Black, White, etc. Specify	
Joseph Zahn		Shirley Davenport		white	
19a. INFORMANT'S NAME (Type or Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
Jane Link Zahn		4838 Paradise Way So., St. Petersburg, FL 33705		Elementary Secondary College (11-12 or 5-1)	
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION - City or Town, State	
Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		Director's Service Crematory St. Petersburg, FL		St. Petersburg, FL	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (of Licensee)		21c. NAME AND ADDRESS OF FACILITY	
Brett		1905		Brett Funeral Home, 4810 Central Ave. St. Petersburg, Florida 33711	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title)		22b. DATE SIGNED (Mo., Day, Yr)		22c. HOUR OF DEATH	
		4/17/02		7:54 A.M.	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. On the basis of examination and/or investigation, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title)		23b. DATE SIGNED (Mo., Day, Yr)	
				4/17/02	
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)		25a. SUBREGISTRAR - SIGNATURE AND DATE		25b. LOCAL REGISTRAR - SIGNATURE	
CHARLES SIEBERT, MD, ME, 10850 Ulmerton Rd., Largo, FL 33778		Wendy Naughton		Wendy Naughton	
25c. DATE REGISTERED		25d. DATE REGISTERED		25e. DATE REGISTERED	
Apr 19, 2002		Apr 19, 2002		Apr 19, 2002	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Chief Deputy Registrar, Pinellas County

ISSUED: Apr 19, 2002

State Registrar

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

13291205

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1504 (10-99)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED