

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

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

2. Principal Place of Business  
**29605 US 19 #  
 Suite, Apt. #, etc.  
 130**

3. Mailing Address  
**29605 US 19  
 Suite, Apt. #, etc.  
 130**

City & State  
**CLEARWATER FL**

City & State  
**CLEARWATER FL**

Zip Country  
**33761 PINELLAS**

Zip Country  
**33761 PINELLAS**

4. FEI Number  
**59-1526865**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PTSD</b>	<b>ZAHN, JOSEPH F.</b>	<b>4838 PARADISE WAY SE</b>	<input checked="" type="checkbox"/>
		<b>SAINT PETERSBURG FL 33703</b>		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>PDS</b>	<b>NANCY B ELLIS</b>	<b>102 TALLENT LANE</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>VONORE TN</b>	<b>37885</b>		
	<b>TD</b>	<b>THOMAS E PEASE</b>	<b>29605 US 19 # 130</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<b>CLEARWATER FL</b>	<b>33761</b>		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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 #



DO NOT WRITE IN THIS SPACE

Attachment

STATE OF FLORIDA

OFFICE of VITAL STATISTICS  
CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

# 451012 / 10746

LOCAL FILE NO. \_\_\_\_\_

1. DECEDENT'S NAME: **Joseph Francis Zahn**

2. SEX: **Male**

3. DATE OF DEATH (Month, Day, Year): **APR 17, 2002**

4. SOCIAL SECURITY NUMBER: **359-40-8086**

5a. AGE-Last Birthday (years): **49**

5b. UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_

5c. UNDER 1 Day: Hours \_\_\_\_\_ Minutes \_\_\_\_\_

6. DATE OF BIRTH (Month, Day, Year): **March 4, 1953**

7. BIRTHPLACE (City and State or Foreign Country): **McHenry, Illinois**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): **NO**

9a. PLACE OF DEATH (Check only one; see instructions on other side):  
 HOSPITAL: Inpatient \_\_\_\_\_ Outpatient  DOA \_\_\_\_\_ OTHER: Nursing Home \_\_\_\_\_ Residence \_\_\_\_\_ Other (Specify) \_\_\_\_\_

9b. INSIDE CITY LIMITS? (Yes or No): **Yes**

9c. FACILITY NAME (If not institution, give street and number): **Bayfront Medical Center**

9d. CITY, TOWN, OR LOCATION OF DEATH: **St. Petersburg**

9e. COUNTY OF DEATH: **Pinellas**

10a. DECEDENT'S USUAL OCCUPATION: **Owner/operator**

10b. KIND OF BUSINESS/INDUSTRY: **Direct Mail & office furniture**

11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): **Married**

12. SURVIVING SPOUSE (If wife, give maiden name): **Jane Cline**

13a. RESIDENCE - STATE: **Florida**

13b. COUNTY: **Pinellas**

13c. CITY, TOWN, OR LOCATION: **St. Petersburg**

13d. STREET AND NUMBER: **4838 Paradise Way So.**

13e. INSIDE CITY LIMITS? (Yes or No): **Yes**

13f. ZIP CODE: **33705**

14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - if yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)  No \_\_\_\_\_ Yes \_\_\_\_\_ Specify: \_\_\_\_\_

15. RACE - American Indian, Black, White, etc. Specify: **white**

16. DECEDENT'S EDUCATION (Specify only highest grade completed):  
 Elementary/Secondary (10-12) \_\_\_\_\_ College (11-12 or 5+) **3**

17. FATHER'S NAME (First, Middle, Last): **Joseph Zahn**

18. MOTHER'S NAME (First, Middle, Maiden Surname): **Shirley Davenport**

19a. INFORMANT'S NAME (Type/Print): **Jane Link Zahn**

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **4838 Paradise Way So., St. Petersburg, FL 33705**

20a. METHOD OF DISPOSITION:  
 Burial \_\_\_\_\_ Cremation  Removal from State \_\_\_\_\_ Donation \_\_\_\_\_ Other (Specify) \_\_\_\_\_

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **Director's Service Crematory St. Petersburg, FL**

20c. LOCATION - City or Town, State: **St. Petersburg, FL**

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *Brett*

21b. LICENSE NUMBER (of Licensee): **1905**

21c. NAME AND ADDRESS OF FACILITY: **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): *[Signature]*

22b. DATE SIGNED (Mo., Day, Yr): **4/17/02**

22c. HOUR OF DEATH: **7:54 AM**

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) and manner as stated. (Signature and Title): *[Signature]*

23b. DATE SIGNED (Mo., Day, Yr): **4/17/02**

23c. HOUR OF DEATH: **7:54 AM**

23d. MEDICAL EXAMINER'S CASE #: **02060502**

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): **CHARLES SIEBERT, MD, ME, 10850 Ulmerton Rd., Largo, FL 33778**

25a. SUBREGISTRAR - SIGNATURE AND DATE: \_\_\_\_\_

25b. LOCAL REGISTRAR - SIGNATURE: *Mindy Naughton*

25c. DATE REGISTERED: **Apr 19, 2002**

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE  
*Charles Siebert* ISSUED: Apr 19, 2002  
 Chief Deputy Registrar, Pinellas County State Registrar



**WARNING:** THIS DOCUMENT IS PRINTED OR PHOTOCOPIED 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.

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