2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90012 001 ***150.00

DOCUMENT # 596165

1. Entity Name
H.J. ZIMMERMAN & ASSOCIATES, INC.

Principal Place of Business
~~9000 W SHERIDAN ST STE 100~~
~~PEMBROKE PINES FL 33024~~

Mailing Address
~~9000 W SHERIDAN ST STE 100~~
~~PEMBROKE PINES FL 33024~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12555 ORANGE DRIVE	12555 ORANGE DRIVE
Suite, Apt. #, etc.: SUITE 100	Suite, Apt. #, etc.: SUITE 100
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33330 / Country: BROWARD	Zip: 33330 / Country: BROWARD

4. FEI Number 59-1866605 — Applied For / Not Applicable

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
ZIMMERMAN, HOWARD J ~~9000 W SHERIDAN ST STE 100~~ ~~PEMBROKE PINES FL 33024~~	Name: Street Address (P.O. Box Number is Not Acceptable): 12555 ORANGE DRIVE, SUITE 100 City: DAVIE FL Zip Code: 33330

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, 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: PDST NAME: ZIMMERMAN, HOWARD J STREET ADDRESS: 13551 S.W. 34TH COURT CITY-ST-ZIP: DAVIE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: SELIGMAN, JUNE STREET ADDRESS: 10205 COLLINS AVE #704 CITY-ST-ZIP: BAL HARBOUR FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: MILLER, BERNICE STREET ADDRESS: 10205 COLLINS AVE 704 CITY-ST-ZIP: BAL HARBOUR FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: LAWRENCE, JOANN STREET ADDRESS: ~~610 SW 67 TERRACE~~ CITY-ST-ZIP: PEMBROKE PINES FL 33023	☐ Delete	TITLE NAME STREET ADDRESS: 601 SW 67 TERRACE CITY-ST-ZIP	☒ Change ☐ Addition
TITLE: VD NAME: ZIMMERMAN, THERESA STREET ADDRESS: 13551 SW 34 COURT CITY-ST-ZIP: DAVIE FL	☐ 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: _____ 1/10/2002 (954)862-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HOWARD J. ZIMMERMAN, PRESIDENT

CR2E034 (9/01)