

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90084 026 ***150.00

DOCUMENT # 654065

1. Entity Name

A. DALE ZINN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

8410 4TH ST N
 ST PETERSBURG FL 33702

P.O. BOX 21325
 ST. PETRESBURG FL 33742-1325

2. Principal Place of Business

3. Mailing Address

P.O. Box 55308

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST. PETERSBURG, FL

4. FEI Number **59-1957751**

Applied For
 Not Applicable

Zip Country

Zip Country

33732-5308

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

ZINN, A DALE
3700 BAYSHORE BLVD NE
ST. PETE FL 33703

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ~~CRS 72~~
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 Delete
 NAME **PD**
 STREET ADDRESS **ZINN, A DALE**
 CITY-ST-ZIP **3700 BAYSHORE BLVD NE**
ST PETERSBURG FL 33703

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **ZINN, ELISABETH W.**
 CITY-ST-ZIP **3700 BYSHORE BLVD NE**
ST PETERSBURG FL 33703

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. Dale Zinn* **APR 25 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)