

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674035

1. Entity Name

IRV ZAHN, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90024 006 ***150.00

Principal Place of Business 1301 SW 37TH AVENUE SUITE 101 OCALA FL 34474	Mailing Address 2 DONDANVILLE ROAD #305 ST. AUGUSTINE FL 32084-7405
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2. Principal Place of Business 66 HYPOLITA STREET	3. Mailing Address
Suite, Apt. #, etc. D-1	Suite, Apt. #, etc.
City & State ST AUGUSTINE, FLORIDA	City & State
Zip 32084	Country ST. JOHNS



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2012336	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZAHN, IRVING H 1301 SW 37TH AVENUE SUITE 101 OCALA FL 34474	7. Name and Address of New Registered Agent Name IRVING H. ZAHN Street Address (P.O. Box Number is Not Acceptable) 66 HYPOLITA STREET ST. AUGUSTINE, FLORIDA City FL Zip Code 32084
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAHN, IRVING H. 1301 SW 37TH AVE. OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 66 HYPOLITA STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAHN, IRVING H. 1301 SW 37TH AVE. OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: IRVING H. ZAHN **REQUIRED** 3-23-00 904-826-3321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #