

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807470

1. Entity Name

ZITA INC

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90912 042 \*\*\*150.00

Principal Place of Business

1122 N ASTOR  
MILWAUKEE WI 53202

Mailing Address

1122 N ASTOR  
%MARGARET T. LUND  
MILWAUKEE WI 53202  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 39-0729030

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

ROBBINS, LUCILLE  
3451 COUNTY BARN RD.  
APT. G 204  
NAPLES FL 33962

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

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, 2001 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 V  
NAME MEYST, KARLA K  
STREET ADDRESS 1122 N ASTOR STREET  
CITY-ST-ZIP MILWAUKEE WI ☐ Delete

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

TITLE TSD  
NAME LUND, MARGARET  
STREET ADDRESS 660 E MASON STREET  
CITY-ST-ZIP MILWAUKEE WI ☐ Delete

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

TITLE PD  
NAME PETTIT, JANE BRADLEY  
STREET ADDRESS 660 E MASON ST.  
CITY-ST-ZIP MILWAUKEE WI 53202 ☐ Delete

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

TITLE D  
NAME CROAK, FRANCIS R  
STREET ADDRESS 660 E MASON ST  
CITY-ST-ZIP MILWAUKEE WI ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Margaret T. Lund* Margaret T. Lund

Date

Daytime Phone #

4/4/01 (414) 227-1205

CR2E034 (10/00)