

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001074

1. Entity Name

ZAMOZNICK, LTD.

Principal Place of Business

1356 CLEVELAND ST
CLEARWATER FL

Mailing Address

1356 CLEVELAND ST
CLEARWATER FL

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 28 PM 1:48



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZAMOZNICK, DAWN MARIE

1356 CLEVELAND ST

CLEARWATER FL 33755

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33755

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.

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	ZAMOZNICK
NAME	ZAMOZNICK, DAWN MARIE
STREET ADDRESS	1356 CLEVELAND ST
CITY-ST-ZIP	CLEARWATER FL 33755
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-12-02

0013874 AT

CR2E003 (9/01)