

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1012
0099311
AV

DOCUMENT # F00000005667

Entity Name
Z&L ACQUISITION CORP.



FILED

FILED

03 JAN 15 PM 4:11 03 JAN 15 PM 4:11

Principal Place of Business
C/O BENJAMIN P. BUTTERFIELD
1403 FOULK ROAD, SUITE 102
WILMINGTON DE 19803

Mailing Address
20 NORTH ORANGE AVENUE, SUITE 200
ORLANDO FL 32801

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	51-0374238	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	STEWART, GORDON W	
STREET ADDRESS	1201 MARKET STREET, SUITE 1700	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STRAUSS, THOMAS M	
STREET ADDRESS	1105 N. MARKET STREET, 13TH FLOOR	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BUTTERFIELD, BENJAMIN P	
STREET ADDRESS	20 NORTH ORANGE AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CLARK, JACQUEL K	
STREET ADDRESS	20 NORTH ORANGE AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ZEPF, J. STEPHEN	
STREET ADDRESS	20 NORTH ORANGE AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLERT, CARL	
STREET ADDRESS	20 N. ORANGE AVENUE, STE. 200	
CITY-ST-ZIP	ORLANDO FL 32801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800010140108

[Handwritten Signature]

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* Benjamin P. Butterfield Secretary
407-841-4755

CR2E034 (10/02)



2012

ACCOUNT NO. : 072100000032

REFERENCE : 894583 7107686

AUTHORIZATION :

Patricia Pijet

COST LIMIT : \$ 150.00

ORDER DATE : January 15, 2003

ORDER TIME : 2:26 PM

ORDER NO. : 894583-020

CUSTOMER NO: 7107686

CUSTOMER: Laurie Bergstresser, Paralegal
Hughes Supply, Inc.
Suite 200
20 North Orange Avenue
Orlando, FL 32801

ANNUAL REPORT FILING

NAME: Z&L ACQUISITION CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - Ext. 1139

STATE OF FLORIDA
DIVISION OF CORPORATIONS
EXAMINER'S INITIALS:

03 JAN 15 PM 3:58

RECEIVED