

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F13440

1. Entity Name

ZANADU, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90195 005 ***150.00

Principal Place of Business

Mailing Address

~~3145 5TH AVENUE NORTH~~
P O BOX 14004
ST PETERSBURG FL 33733

~~3145 5TH AVENUE NORTH~~
P O BOX 14004
ST PETERSBURG FL 33733-4004

2. Principal Place of Business

65-66 ST. NO.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2074635

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

GRIMES, A GENE

~~3145 5TH AVENUE NORTH~~
ST. PETERSBURG FL 33733

Name

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

65-66 ST. NO.

City

FL

33710

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

A. GENE GRIMES

A. Gene Grimes

4/10/00

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
GRIMES, A GENE
~~3145 5TH AVE NORTH~~
ST PETERSBURG, FL 33733

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~65-66 ST. NO.~~
P O BOX 14004
33733

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

A. Gene Grimes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. GENE GRIMES

Date

4/10/00

Daytime Phone #

727-323-8818

CR2E034 (9/99)