

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90010 037 \*\*\*150.00

**DOCUMENT # H74668**

1. Entity Name  
**WILLIAM A. ZEIHNER, P.A.**

Principal Place of Business <b>% WILLIAM A. ZEIHNER</b> <del>2780 E. OAKLAND PARK BOULEVARD</del> <del>FT. LAUDERDALE FL 33306</del>	Mailing Address <b>% WILLIAM A. ZEIHNER</b> <del>2780 E. OAKLAND PARK BOULEVARD</del> <del>FT. LAUDERDALE FL 33306-4465</del>
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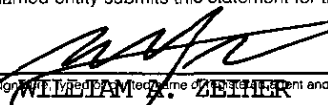
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>100 NE Third Avenue</b>	3. Mailing Address <b>100 NE Third Avenue</b>
Suite, Apt. #, etc. <b>Suite 280</b>	Suite, Apt. #, etc. <b>Suite 280</b>
City & State <b>Fort Lauderdale, Florida</b>	City & State <b>Fort Lauderdale, Florida</b>
Zip <b>33301</b>	Country <b>USA</b>

4. FEI Number <b>59-2581017</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ZEIHNER, WILLIAM A.</b> <del>2780 E. OAKLAND PARK BOULEVARD</del> <del>FT. LAUDERDALE FL 33306</del>	7. Name and Address of New Registered Agent Name <b>ZEIHNER, WILLIAM A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 NE Third Avenue</b> <b>Suite 280</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33301</b>
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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:  **WILLIAM A. ZEIHNER** (NOTE: Registered Agent signature required when reinstating)

DATE: **February 3, 2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	<b>PD</b> <b>ZEIHNER, WILLIAM A.</b> <del>2780 E. OAKLAND PARK BLV</del> <b>100 NE 3rd Ave., Suite 280</b> <b>FT. LAUDERDALE FL 33301</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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:  **WILLIAM A. ZEIHNER** (NAME OF SIGNING OFFICER OR DIRECTOR)

February 3, 2000 (Date) (954) 561-8205 (Daytime Phone #)

CR2E034 (9/99)