

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90063 035 \*\*\*150.00

0648480 SP

**DOCUMENT # J97622**

1. Entity Name

**RAY ZAGER & COMPANY**

Principal Place of Business

Mailing Address

**3322 CASSEY ISLAND RD.  
#104  
JUPITER FL 33477  
US**

**3322 CASSEY ISLAND RD.  
#104  
JUPITER FL 33477  
US**

**80065915**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3322 CASSEY ISLAND RD**

**3322 CASSEY ISLAND RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**104**

**104**

City & State

City & State

**JUPITER, FL**

**JUPITER FL 33477**

Zip

Country

Zip

Country

**33477**

**US**

**33477**

**US**

4. FEI Number

**59-2852012**

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

**ZAGER, MADALYN  
3322 CASSEY ISLAND RD.  
JUPITER FL 33477**

Name  
**ZAGER, RAYMOND**

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

**3322 CASSEY ISLAND RD #104**

City  
**JUPITER, FL**

**FL**

Zip Code

**33477**

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

*Raymond Zager* **RAYMOND ZAGER**

**4/5/02**

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, 2002 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  
**PD  
ZAGER, RAYMOND  
3010 OLD BARN ROAD  
PONTE VEDRA BEACH FL 32082** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
ZAGER, MADALYN  
3010 OLD BARN ROAD  
PONTE VEDRA BEACH FL 32082** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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:**

**RAYMOND ZAGER, PRES.**

*Raymond Zager* **4/5/02**

Date

**561 748-2292**

Daytime Phone #

CR2E034 (9/01)