

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
 03-22-2000 90025 017 ***150.00

DOCUMENT # K55047

1. Entity Name

ZAP , THE PROFESSIONAL PEST MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

% ALBIN M. WROBLEWSKI
 2444 YORKSHIRE DR
 SARASOTA FL 34231

1722 POMPANO AVE
 SARASOTA FL 34234-7918
 US

628434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O MARK WROBLEWSKI

Suite, Apt. #, etc. 1722 POMPANO AVE

City & State SARASOTA FL

Zip 34234 Country USA

6. Name and Address of Current Registered Agent

WROBLEWSKI, MARK
 1722 POMPANO AVE
 SARASOTA FL 34234

4. FEI Number 65-0098251

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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.

SIGNATURE _____ (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 | DP WROBLEWSKI, ALBIN M. 2444 YORKSHIRE DR SARASOTA FL | <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 | DVS WROBLEWSKI, MARK A. 1722 POMPANO AVE. SARASOTA FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK A. WROBLEWSKI DVST 3/16/00 941-366-4311

CR2E034 (9/99)