

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # K55047

1. Entity Name
ZAP !!!, THE PROFESSIONAL PEST MANAGEMENT COMPANY

Principal Place of Business
C/O MARK WROBLEWSKI
1722 POMPANO AVE
SARASOTA FL 34234

Mailing Address
1722 POMPANO AVE
SARASOTA FL 34234 US

2. Principal Place of Business
C/O MARK WROBLEWSKI
Suite, Apt. #, etc.
4328 LOST FOREST LANE

3. Mailing Address
4328 LOST FOREST LANE
Suite, Apt. #, etc.

City & State
SARASOTA FL

City & State
SARASOTA FL

Zip Country
34235 US

Zip Country
34235 US

4. FEI Number
65-0098251
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WROBLEWSKI MARK
1722 POMPANO AVE
SARASOTA FL 34234 US

7. Name and Address of New Registered Agent

Name
WROBLEWSKI MARK
Street Address (P.O. Box Number is Not Acceptable)
4328 LOST FOREST LANE
City SARASOTA FL Zip Code 34235

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 _____ DATE **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WROBLEWSKI, MARK A.	
STREET ADDRESS	4328 LOST FOREST LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WROBLEWSKI, MARK A.	
STREET ADDRESS	4328 LOST FOREST LANE	
CITY-ST-ZIP	SARASOTA FL	
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		

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: MARK ALAN WROBLEWSKI

VP 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)