

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90040 002 ***150.00

DOCUMENT # K61327
 1. Entity Name
A AND Z, INC.

Principal Place of Business % THOMAS E. ZINGALE 1206 MARYS DRIVE TALLAHASSEE FL 32308	Mailing Address % THOMAS E. ZINGALE 1206 MARYS DRIVE TALLAHASSEE FL 32308-5234
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2926363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ZINGALE, THOMAS E.
 1206 MARYS DRIVE
 TALLAHASSEE FL 32308**

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		<input type="checkbox"/> Delete
TITLE	P	
NAME	ZINGALE, THOMAS E.	
STREET ADDRESS	1206 MARYS DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	
NAME	LORICK, NOLAN	
STREET ADDRESS	3494 C. WEEMS RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	S	
NAME	LORICK, ROLAN	
STREET ADDRESS	3494 C. WEEMS RD	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
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: **Thomas E. Zingale** Date: **4-5-00** Daytime Phone #: **0656-5500 @ 345-0824**

CR2E034 (9/99)