

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90133 047 ***150.00

56993200

DOCUMENT # K61327

1. Entity Name
A AND Z, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

1527 Argonne Road

1527 Argonne Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-2926363

Applied For

Not Applicable

Zip

Country

32312

Zip

Country

32312

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

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

Name

Thomas E. Zingale

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

1527 Argonne Road

City

Tallahassee

FL

Zip Code
32312

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

Thomas E. Zingale

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P Delete
**ZINGALE, THOMAS E.
 1206 MARYS DRIVE
 TALLAHASSEE FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VP Delete
**LORICK, NOLAN
 3494 C. WEEMS RD
 TALLAHASSEE FL 32311**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Vice President Change Addition
**Donna Zingale
 1527 Argonne Road
 Tallahassee, Florida 32312**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S Delete
**LORICK, ROLAN
 3494 C. WEEMS RD
 TALLAHASSEE FL 32311**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Zingale

Date

4-27-01

Daytime Phone #

850-545-0924

CR2E034 (10/00)