

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
 01-19-2000 90094 047 ***150.00

DOCUMENT # L81607

1. Entity Name

DAMZAC CORPORATION

Principal Place of Business

C/O FRANK A. ZACCARO
 3824 SPRING VALLEY DRIVE
 NEW PORT RICHEY FL 34655

Mailing Address

C/O FRANK A. ZACCARO
 3824 SPRING VALLEY DRIVE
 NEW PORT RICHEY FL 34655-2915

00005504



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4044 NEWPORT DRIVE

3. Mailing Address

P.O. BOX 1642

Suite, Apt. #, etc.

SUITE 221

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

ELFERS, FL.

4. FEI Number

59-3017880

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZACCARO, FRANK A.
 3824 SPRING VALLEY DRIVE
 NEW PORT RICHEY FL 34655

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

Frank A. Zaccaro

01-10-2000

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ZACCARO, FRANK A.	
STREET ADDRESS	3824 SPRING VALLEY DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAMALOS, ANGELLA D	
STREET ADDRESS	2535 MEADOWOOD DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
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	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZACCARO, FRANK A.	
STREET ADDRESS	3824 SPRING VALLEY DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK A. ZACCARO	
STREET ADDRESS	3824 SPRING VALLEY DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
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:

Frank A. Zaccaro

01-10-2000

(727)846-0476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)