

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 07, 2000 08:00 AM****Secretary of State****DOCUMENT # L87359**1. Entity Name  
DAZ, INC.

## Principal Place of Business

139 LELAND SW

PORT CHARLOTTE  
33952

FL

## Mailing Address

139 LELAND SW

PORT CHARLOTTE  
33952

FL

2. Principal Place of Business  
4390 NORTSHORE DRIVE3. Mailing Address  
4390 NORTSHORE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PORT CHARLOTTE

FL

City & State  
PORT CHARLOTTE

FL

## 4. FEI Number

65-0205018

Applied For

Not Applicable

Zip  
33980

Country

Zip  
33980

Country

## 5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ZIEGELBAUER, BRUCE F.  
139 LELAND SWPORT CHARLOTTE  
33952

FL

## 7. Name and Address of New Registered Agent

Name

ZIEGELBAUER BRUCE F

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

4390 NORTSHORE DRIVE

City

PORT CHARLOTTE

FL

Zip Code  
33980

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 **BRUCE F. ZIEGELBAUER**

01/07/2000

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 VSD ☐ Delete  
NAME ZIEGELBAUER, BONITA K.  
STREET ADDRESS 139 LELAND, SW  
CITY-ST-ZIP PORT CHARLOTTE FLTITLE PTD ☐ Delete  
NAME ZIEGELBAUER, BRUCE F.  
STREET ADDRESS 139 LELAND, SW  
CITY-ST-ZIP PORT CHARLOTTE FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD ☒ Change ☐ Addition  
NAME ZIEGELBAUER, BONITA K.  
STREET ADDRESS 4390 NORTSHORE DRIVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33980TITLE PTD ☒ Change ☐ Addition  
NAME ZIEGELBAUER, BRUCE F.  
STREET ADDRESS 4390 NORTSHORE DRIVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33980TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Bruce F. Ziegelbauer

nd

01/07/2000