

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92805

1. Entity Name

THE ZEROLL CO.

Principal Place of Business

3405 INDUSTRIAL 31ST ST
FORT PIERCE FL 34946
US

Mailing Address

PO BOX 999
FT. PIERCE FL 34954-0999
US

2. Principal Place of Business

3405 INDUSTRIAL 31ST

3. Mailing Address

P.O. BOX 999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

Zip

34946

Country

USA

Zip

34954

Country

USA

4. FEI Number

34-1022256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN VALKENBURG, LENNY
3405 31ST INDUSTRIAL STREET
FT. PIERCE FL 34946

7. Name and Address of New Registered Agent

Name

LENNY VAN VALKENBURG

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

3405 INDUSTRIAL 31ST STREET

City

FT. PIERCE

FL

Zip Code

34946

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

[Signature]

LENNY VAN VALKENBURG

1-12-00

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 PD
NAME FUNKA, T.M.
STREET ADDRESS 3405 31ST INDUSTRIAL ST.
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE GM
NAME VAN VALKENBERG, LENNY
STREET ADDRESS 3405 31ST INDUSTRIAL ST
CITY-ST-ZIP FORT PIERCE FL 34946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]

LENNY VAN VALKENBURG

1-12-00

561-461-3811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)