

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92805

1. Entity Name

THE ZEROLL CO.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90104 013 ***150.00

Principal Place of Business

Mailing Address

3405 INDUSTRIAL 31ST ST
 FORT PIERCE FL 34946
 US

PO BOX 999
 FT. PIERCE FL 34954-0999
 US

2. Principal Place of Business

3. Mailing Address

3405 INDUSTRIAL 31ST

P.O. BOX 999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

4. FEI Number

34-1022256

Applied For

Not Applicable

Zip

34946

Country

USA

Zip

34954

Country

USA

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE 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:

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)