

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90359 016 ***150.00

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
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

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, 2002 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 VP ☐ Delete
NAME FUNK, TOM JR
STREET ADDRESS 3405 31ST INDUSTRIAL ST.
CITY-ST-ZIP FT. PIERCE FL

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

TITLE T ☐ Delete
NAME FUNK, MARIA
STREET ADDRESS 3405 INDUSTRIAL 31ST STREET
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE VP ☐ Delete
NAME VANVALKENBURG, LAURIE
STREET ADDRESS 3405 INDUSTRIAL 31ST STREET
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE PD ☐ Delete
NAME FUNK, T.M.
STREET ADDRESS 3405 INDUSTRIAL 31ST STREET
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)