## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 02, 2001 8:00 am Secretary of State **DOCUMENT # M73654** 1. Entity Name ZEIGER INVESTMENTS, INC. 05-02-2001 90070 038 \*\*\*150.00 Principal Place of Business Mailing Address 4545 W 45TH ST 4545 W 45TH ST 2585 IROQUOIS CIRCLE W. PALM BEACH FL 33407 DUU4307U W PALM BCH. FL 33407 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1565980 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZEIGER, STEVE Street Address (P.O. Box Number is Not Acceptable) 2585 IROQUOIS CIRCLE W. PALM BEACH FL 33409 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE TITLE ☐ Delete ZEIGER, STEVE NAME NAME STREET ADDRESS 2585 IROQUOIS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL ☐ Addition ☐ Change Delete TITLE TITLE NAME ZEIGER, NANCY NAME STREET ADDRESS 2585 IROQUOIS CICLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SHEVE ZEIGEK

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

5614710606

Daytime Phone #