

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91166 030 ***150.00

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DOCUMENT # M73654

1. Entity Name

ZEIGER INVESTMENTS, INC.

Principal Place of Business

**4545 W 45TH ST
2585 IROQUOIS CIRCLE
W PALM BCH. FL 33407
US**

Mailing Address

**4545 W 45TH ST
W. PALM BEACH FL 33407
US**

2. Principal Place of Business

4545 W. 45th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

Zip

33407

Country

USA

Zip

Country

4. FEI Number

52-1565980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZEIGER, STEVE
2585 IROQUOIS CIRCLE
W. PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name **Zeiger, Steve**
Street Address (P.O. Box Number is Not Acceptable)
4545 W. 45th St.
City **West Palm Beach FL** Zip Code **33407**

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	P	<input type="checkbox"/> Delete
NAME	ZEIGER, STEVE	
STREET ADDRESS	2585 IROQUOIS CIRCLE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZEIGER, NANCY	
STREET ADDRESS	2585 IROQUOIS CIRCLE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zeiger, Steve	
STREET ADDRESS	4545 W. 45th St.	
CITY-ST-ZIP	West Palm Beach FL 33407	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zeiger, Nancy	
STREET ADDRESS	4545 W. 45th St.	
CITY-ST-ZIP	West Palm Beach FL 33407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

561-471-0606

Daytime Phone #

CR2E034 (9/01)