

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94848

1. Entity Name

D.R.Z. ADVERTISING, INC.

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90055 017 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O DIANE R. ZIEGLER  
3550 GALT OCEAN DRIVE #1209  
FT LAUDERDALE FL 33306

D.R.Z. ADVERTISING INC  
PO BOX 39466  
FT LAUDERDALE FL 33339-9466  
US

00043003



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

C/O DIANE R. ZIEGLER  
500 S.E. 13 Street

Suite, Apt. #, etc.

Pompano Bch, FL

City & State

4. FEI Number 65-0066825

Applied For

Not Applicable

Zip

33060

Country

Broward

Zip

Country

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

ZIEGLER, DIANE R.  
3550 GALT OCEAN DR #1209  
FT. LAUDERDALE FL 33308

Name  
DIANE R. Ziegler

Street Address (P.O. Box Number is Not Acceptable)  
500 S.E. 13 Street

Pompano Beach

FL

Zip Code  
33060

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, 2001 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 PSDT  
NAME ZIEGLER, DIANE R.  
STREET ADDRESS 3550 GALT OCEAN DR #1209  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE PSDT  
NAME DIANE R. Ziegler  
STREET ADDRESS 500 S.E. 13 Street  
CITY-ST-ZIP Pompano Beach, FL 33060 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

DIANE Ziegler Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2001 (954) 942-4448

Date

Daytime Phone #

CR2E034 (10/00)