

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-09-2002 90736 013 ***150.00

DOCUMENT #

1. Entity Name

M94848 ✓
D.R.Z. Advertising, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 S.E. 13th Street
Suite, Apt. #, etc.

3. Mailing Address

500 S.E. 13th Street
Suite, Apt. #, etc.

City & State

Pompano Bch, FL

Zip

33060

Country

Broward

City & State

Pompano Bch, FL

Zip

33060

Country

Broward

4. FEI Number

65-0066825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DIANE Ziegler

Street Address (P.O. Box Number is Not Acceptable)

500 S.E. 13th Street

City

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres/Secretary/Dir/Treas
DIANE Ziegler
500 S.E. 13th Street
Pompano Bch, FL 33060

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Diane R. Ziegler Pres.

3/18/02 (954) 942-4448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)