

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95535

1. Entity Name

ZIP N SHIP INC.

Principal Place of Business

5910 SE 194TH ST
INGLIS FL 34449
US

Mailing Address

5910 SE 194TH ST
INGLIS FL 34449
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CLARK, GERTIE
5910 SE 194TH ST
INGLIS FL 34449

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)

☐

FREE NOW!!! FEE \$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

TITLE: PVT
NAME: CLARK, GERTIE L.
STREET ADDRESS: 3368 CITRUS AVE
CITY-ST-ZIP: 5910 S.E. 194th St
CRYSTAL RIVER FL Inglis, Fla 34449

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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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: *Gertie Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 795-5999

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2926283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034 (10/00)