

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90006 040 \*\*\*158.75

**DOCUMENT # P00000000388**

1. Entity Name  
**ZEHTA, INC.**

Principal Place of Business <b>2200 L'AMBLANCE CIRCLE. #202 NAPLES FL 34108</b>	Mailing Address <b>2200 L'AMBLANCE CIRCLE. #202 NAPLES FL 34108</b>
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2. Principal Place of Business <b>3045 SUSSEX ROAD</b>	3. Mailing Address <b>3045 SUSSEX ROAD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORONO, MN</b>	City & State <b>ORONO, MN</b>
Zip <b>55356</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3618564</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SKRIVAN, KENT A  
C/O BUTZEL LONG  
801 LAUREL OAK DRIVE SUITE 705  
NAPLES FL 34108**

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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZIEMANN, THEODORE 2200 L'AMBLANCE CIRCLE, #202 NAPLES FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZIEMANN, BETTY L 2200 L'AMBLANCE CIRCLE, #202 NAPLES FL 34108</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T/D ZIEMANN, THEODORE E. 3045 SUSSEX ROAD ORONO, MN 55356</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D <del>BETTY L.</del> ZIEMANN, BETTY L. 3045 SUSSEX ROAD ORONO, MN 55356</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Theodore E. Ziemann, THEODORE E. ZIEMANN** 2/19/2001 952-249-8035  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034 (10/00)