

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90127 040 ***150.00

DOCUMENT # P00000001046



1. Entity Name
ZELMAN & HANLON, P.A.

Principal Place of Business
**2656 AIRPORT ROAD SOUTH
NAPLES FL 34112**

Mailing Address
**2656 AIRPORT ROAD SOUTH
NAPLES FL 34112**



2. Principal Place of Business
5633 AIRPORT BLVD
Suite, Apt. #, etc.

3. Mailing Address
5633 AIRPORT BLVD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number **65-0964139**

Applied For
 Not Applicable

Zip **34109-4885** Country **USA**

Zip **34109-4885** Country **USA**

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

**ZELMAN, THEODORE
2656 AIRPORT ROAD S
NAPLES FL 34112**

Name **ZELMAN, THEODORE**
Street Address (P.O. Box Number is Not Acceptable)
5633 AIRPORT BLVD
City **NAPLES** FL Zip Code **34109-4885**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Theodore Zelman*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ZELMAN, THEODORE	
STREET ADDRESS	2656 AIRPORT ROAD SOUTH	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANLON, SHARON	
STREET ADDRESS	2656 AIRPORT ROAD SOUTH	
CITY-ST-ZIP	NAPLES FL 34112	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELMAN, THEODORE	
STREET ADDRESS	5633 NAPLES BLVD	
CITY-ST-ZIP	NAPLES, FL 34109-4885	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLON, SHARON	
STREET ADDRESS	5633 NAPLES BLVD	
CITY-ST-ZIP	NAPLES, FL 34109-4885	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theodore Zelman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-03

CR2E034 (10/02)