

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012594

1. Entity Name
RDZIGNS, INC.

Principal Place of Business
6306 NW 73RD AVE.
TAMARAC FL 33321

Mailing Address
6306 NW 73RD AVE.
TAMARAC FL 33321

2. Principal Place of Business
1300 SE 17th STREET
Suite, Apt. #, etc.
SUITE 219

3. Mailing Address
1300 SE 17th Street
Suite, Apt. #, etc.
SUITE 219

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip 33316 Country USA

Zip 33316 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0980253

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZELMER, ROBERT R III
6306 NW 73RD AVE.
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name Robert R. ZELMER, III
Street Address (P.O. Box Number is Not Acceptable)
1300 SE 17th Street
Suite 219
City Fort Lauderdale FL Zip Code 33316

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 Robert R. ZELMER, III ROBERT R ZELMER, III 01-06-02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZELMER, ROBERT R III 6306 NW 73RD AVE. TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ZELMER, DIANE J 6306 NW 73RD AVE. TAMARAC FL 33321	<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		<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
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: Robert R. ZELMER, III 01-06-02 954-523-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0328968 AV

CR2E034 (9/01)