## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE:

## Apr 17, 2002 8:00 am Secretary of State P00000025654 DOCUMENT # 1. Entity Name 04-17-2002 90029 045 \*\*\*150.00 ZEIGLER & ZEIGLER. INC. Mailing Address Principal Place of Business 8440 SE 21ST AVENUE 8440 SE 21ST AVENUE OCALA FL 34480 OCALA FL 34480 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3631126 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZEIGLER, FRANK W Street Address (P.O. Box Number is Not Acceptable) 8440 SE 21ST AVENUE OCALA FL 34480 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Addition Change TITLE [ Delete TITLE NAME NAME zeigler, frank w STREET ADDRESS STREET ADDRESS 8440 SE 21ST AVENUE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 Change Addition Delete TITLE TITLE ZEIGLER, CYNTHIA W NAME STREET ADDRESS STREET ADDRESS 8440 SE 21ST AVENUE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34480 Change Addition TITLE ☐ Delete TITLE NAME- ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expenses to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED