

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000031376**

1. Entity Name

J. Z. & SON TRIM, INC.**FILED****Apr 16, 2001 8:00 am**
Secretary of State

04-16-2001 90480 012 ***150.00

Principal Place of Business

13194 ESTER DR
BROOKSVILLE FL 34613

Mailing Address

13194 ESTER DR
BROOKSVILLE FL 34613**947239**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13194 ESTER DR
Suite, Apt. #, etc.
N/A

3. Mailing Address

13194 ESTER DR
Suite, Apt. #, etc.
N/A

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

4. FEI Number

59-3661524

Applied For

Not Applicable

Zip

34613

Country

HERNANDO

Zip

34613

Country

HERNANDO5. 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

ZAPPA, JOHN J
13194 ESTER DR
BROOKSVILLE FL 34613

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	ZAPPA, JOHN J	13194 ESTER DR BROOKSVILLE FL 34613	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	ZAPPA, CINDY L	13194 ESTER DR BROOKSVILLE FL 34613	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	ZAPPA, TYLER M	13194 ESTER DR BROOKSVILLE FL 34613	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

352-597-3664

Daytime Phone #

CR2E034 (10/00)