386 258-3900

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State P00000041235 DOCUMENT # 1. Entity Name 04-09-2002 90028 029 ***150.00 SHERYL S. ZUST, P.A. Mailing Address Principal Place of Business 315 SILVER BEACH AVE STE B 315 SILVER BEACH AVE STE B DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address 1120 Beville Rd 1120 Beville Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite C Suite C City & State 4. FEI Number Applied For City & State 59-3640444 Beach, Fl Daytona Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 32114 Volusia, USA 32114 u J A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Zust-Sheryl-S ZUST, SHERYL S Street Address (P.O. Box Number is Not Acceptable) 315 SILVER BEACH AVE STE B DAYTONA BEACH FL 32118 City statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subparts this DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (9/01 ☐ Delete TITLE TITLE Zust, Sheryl S 1120 Beville Road, Suite C NAME ZUST, SHERYL S NAME 315 SILVER BEACH AVE STE B STREET ADDRESS STREET ADDRESS Daytona Beach, FL 32114 DAYTONA BEACH FL 32118 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 reports 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 trostee 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.