

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90016 022 ***158.75

DOCUMENT # **P00000067597 ✓**
 1. Entity Name
ZGRAM MARINE SERVICES, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
93 TIDE STREET 93 TIDE STREET

City & State City & State
RIVIERA BCH., FL RIVIERA BCH., FL

Zip Country Zip Country
33404 USA 33404 USA

4. FEI Number Applied For
65-1025856 142612 Not Applicable

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

6. Name and Address of Current Registered Agent
PETER SAUTER (D) ZUMWALT
93 TIDE ST.
RIVIERA BEACH, FL 33404

7. Name and Address of New Registered Agent
 Name **SAVITRI ZUMWALT**
 Street Address (P.O. Box Number is Not Acceptable)
93 TIDE ST.
 City **RIVIERA BCH., FL** Zip Code **33404**

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 **Savitri Zumwalt** DATE **4-2-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	"DIRECTOR"	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAVITRI ZUMWALT			NAME			
STREET ADDRESS	93 TIDE ST.			STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BCH., FL 33404			CITY-ST-ZIP			
TITLE	"CEO" SAVITRI ZUMWALT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAVITRI ZUMWALT			NAME			
STREET ADDRESS	93 TIDE ST.			STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404			CITY-ST-ZIP			
TITLE	"SECRETARY"	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAVITRI ZUMWALT			NAME			
STREET ADDRESS	93 TIDE STREET			STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404			CITY-ST-ZIP			
TITLE	"TREASURER"	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETER TILTON ZUMWALT			NAME			
STREET ADDRESS	93 TIDE ST.			STREET ADDRESS			
CITY-ST-ZIP	RIVIERA BEACH, FL 33404			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: **Savitri Zumwalt** DATE **4-2-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)