

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90382 012 \*\*\*150.00

**DOCUMENT # P00000083760**

1. Entity Name  
**ZANICORP, INC.**

Principal Place of Business 4322 GLENDON PLACE VALRICO FL 33594	Mailing Address 4322 GLENDON PLACE VALRICO FL 33594
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>12630-4 BEACH BLVD.</b>	3. Mailing Address <b>12630-4 BEACH BLVD</b>
--	---

Suite, Apt. #, etc. <b>JACKSONVILLE</b>	Suite, Apt. #, etc.
--	---------------------

City & State <b>FLORIDA</b>	City & State <b>JACKSONVILLE FL.</b>
--------------------------------	---

4. FEI Number <b>59-3668736</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>32246</b>	Country <b>DUVAL</b>	Zip <b>32246</b>	Country <b>DUVAL</b>
---------------------	-------------------------	---------------------	-------------------------

5. 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**

**MAIMAN, LEONARDO J**  
**50 N LAURA ST, SUITE 3100**  
**JACKSONVILLE FL 32202**

Name <b>STEVEN T. ZANINI</b>
Street Address (P.O. Box Number is Not Acceptable) <b>12630-4 BEACH BLVD</b>
City <b>JACKSONVILLE</b>
State <b>FL</b>
Zip Code <b>32246</b>

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 **STEVEN T. ZANINI, PRESIDENT**

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 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZANINI, STEVEN T</b> <b>1007 GLENTANNER CT</b> <b>APEX NC 27502</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZANINI, JANE F</b> <b>1007 GLENTANNER CT</b> <b>APEX NC 27502</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZANINI, STEVEN T III</b> <b>103 BONNELL CT</b> <b>CARY NC 27511</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PYSE, BARBARA J</b> <b>4322 GLENDON PLACE</b> <b>VALRICO FL 33594</b> <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: **STEVEN T. ZANINI, PRES. 4-30-01** **904-565 0050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)