

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
ZANCORP, INC.

Principal Place of Business

**4322 GLENDON PLACE
 VALRICO FL 33594**

Mailing Address

**4322 GLENDON PLACE
 VALRICO FL 33594**

2. Principal Place of Business

12630-4 BEACH BLVD.

3. Mailing Address

12630-4 BEACH BLVD

Suite, Apt. #, etc.

JACKSONVILLE

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

JACKSONVILLE FL.

4. FEI Number

59-3668736

Applied For

Not Applicable

Zip

Country

32246

DUVAL

Zip

Country

32246

DUVAL

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 **STEVEN T. ZANINI**

Street Address (P.O. Box Number is Not Acceptable)
12630-4 BEACH BLVD

City **JACKSONVILLE**

FL

Zip Code **32246**

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

TITLE **D** ☐ Delete
 NAME **ZANINI, STEVEN T**
 STREET ADDRESS **1007 GLENTANNER CT**
 CITY-ST-ZIP **APEX NC 27502**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ZANINI, JANE F**
 STREET ADDRESS **1007 GLENTANNER CT**
 CITY-ST-ZIP **APEX NC 27502**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ZANINI, STEVEN T III**
 STREET ADDRESS **103 BONNELL CT**
 CITY-ST-ZIP **CARY NC 27511**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **PYSE, BARBARA J**
 STREET ADDRESS **4322 GLENDON PLACE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: **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)