

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90189 008 ***150.00

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DOCUMENT # **P00000102515** *Yoa had a*
 1. Entity Name
7350, INC.
Please Correct Business

Principal Place of Business Mailing Address
~~5689 NW 121ST TERR~~ ~~5689 NW 121ST TERR~~
~~CORAL SPRINGS FL 33076~~ ~~CORAL SPRINGS FL 33076~~
23269 S. State Rd 7 *23269 So State Rd 7*
Boca Raton Fla 33428 *Boca Raton Fla 33428*

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

6. Name and Address of Current Registered Agent
ZINSER, SCOTT L *23269 So. State Rd 7*
~~5689 NW 121ST TERR~~ *Boca Raton Fla 33428*
~~CORAL SPRINGS FL 33076~~

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 *Lois M. Zinser* *Scott Zinser* *1-17-02*
 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)

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINSER, SCOTT L	NAME	
STREET ADDRESS	5689 NW 121 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076 <i>Home Add.</i>	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINSER, LOIS	NAME	
STREET ADDRESS	5689 NW 121 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076 <i>Home Add.</i>	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	
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: *Lois M. Zinser* *1-17-02* *561-218-0188*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)