

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000106346

1. Entity Name  
NORBERT J. ZARB, P.A.

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

04-10-2001 90036 038 \*\*\*150.00

Principal Place of Business  
111 N. BROOK LANE  
ORMOND BEACH FL 32174

Mailing Address  
111 N. BROOK LANE  
ORMOND BEACH FL 32174

00033414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1549 POPLAR DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 730381  
Suite, Apt. #, etc.

City & State  
ORMOND BEACH FL  
Zip  
32174  
Country  
USA

City & State  
ORMOND BEACH FL  
Zip  
32173  
Country  
USA

4. FEI Number  
59-3681776  
Applied For  
Not Applicable

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

ZARB, NORBERT  
111 N. BROOK LANE  
ORMOND BEACH FL 32174

Name  
SAME  
Street Address (P.O. Box Number is Not Acceptable)  
1549 POPLAR DRIVE  
City ORMOND BEACH FL Zip Code 32174

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Norbert J Zarb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2001

Date

386-671-9422

Daytime Phone #

CR2E034 (10/00)