

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 15, 2001 8:00 am
Secretary of State

05-15-2001 90015 017 ***150.00

DOCUMENT # P00000112416

1. Entity Name

ZERO'S OF VERO BEACH, INC.

Principal Place of Business

Mailing Address

1679 FLAGLER PKWY.
W. PALM BEACH FL 33411

1679 FLAGLER PKWY.
W. PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

8195 20th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FLA

City & State

4. FEI Number

65-1067283

Applied For

Not Applicable

Zip

32966

Country

Indian River

Zip

Country

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

BROOME, WILLIAM R. H.
1818 AUSTRALIAN AVE. S., #202
W. PALM BEACH FL 33409

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President
Bert Klawonni
1679 Flagler Pkwy
West Palm Beach, FLA. 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Vice-President
Robert Holroyd
6545 Pioneer Rd
West Palm Beach, FL 33413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bert Klawonni - President

4/30/01

Date

561 662 6777

Daytime Phone #

CR2E034 (10/00)