

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90162 027 ***150.00

DOCUMENT # P01000037825

1. Entity Name
ZEMIL, INC.



Principal Place of Business
**380 ST. ARMANDS CIRCLE
SARASOTA FL 34236**

Mailing Address
**380 ST. ARMANDS CIRCLE
SARASOTA FL 34236**



2. Principal Place of Business

8201 S. TAMiami TRAIL 8201 S. TAMiami TRAIL

Suite, Apt. #, etc.

SPACE #68

City & State
SARASOTA FL

Zip
34238

Country
USA

3. Mailing Address

8201 S. TAMiami TRAIL 8201 S. TAMiami TRAIL

Suite, Apt. #, etc.

SPACE #68

City & State
SARASOTA FL

Zip
34238

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1104500

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DRAKE, J. KEVIN
1432 FIRST STREET
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name
MARK ZEMIL
Street Address (P.O. Box Number is Not Acceptable)
4104 HEARTHSTONE DRIVE
City
SARASOTA FL Zip Code
34238

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ZEMIL, MARK | |
| STREET ADDRESS | 380 ST. ARMANDS CIRCLE | |
| CITY-ST-ZIP | SARASOTA FL 34236 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ZEMIL, RHONDA | |
| STREET ADDRESS | 8201 S. TAMiami TRAIL SPACE#68 | |
| CITY-ST-ZIP | SARASOTA, FL 34238 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------------|--|
| TITLE | PRES + SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARK ZEMIL | |
| STREET ADDRESS | 8201 S. TAMiami TRAIL SPACE#68 | |
| CITY-ST-ZIP | SARASOTA, FL 34238 | |
| TITLE | VP + TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RHONDA ZEMIL | |
| STREET ADDRESS | 8201 S. TAMiami TRAIL SPACE#68 | |
| CITY-ST-ZIP | SARASOTA, FL 34238 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03

(941) 922-8508

Date

Daytime Phone #

CR2E034 (10/02)