

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000064704

1. Entity Name

JOSEPH ZSIGA MID FLORIDA SERVICES, INC.

Principal Place of Business

8713 GUM TREE  
NEW PORT RICHEY FL 34653

Mailing Address

8713 GUM TREE  
NEW PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3730206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZSIGA, PATRICIA A  
8713 GUM TREE  
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	JOSEPH ZSIGA	8713 GUM TREE AVE	NEW PORT RICHEY FL 34653	<input type="checkbox"/>
Vice President	PATRICIA ZSIGA	8713 GUM TREE AVE	NEW PORT RICHEY FL 34653	<input type="checkbox"/>
Secretary	JOSEPH ZSIGA	8713 GUM TREE AVE	NEW PORT RICHEY FL 34653	<input type="checkbox"/>
Treasurer	PATRICIA ZSIGA	8713 GUM TREE AVE	NEW PORT RICHEY FL 34653	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Patricia Zsig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02

812-27-886737

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

05-20-2002 90044 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)