

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071652

1. Entity Name
KEITH ZAYAC & ASSOCIATES, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90312 022 ***150.00

Principal Place of Business
~~5019 BRIDGEPORT DR.~~
~~SAFETY HARBOR FL 34695~~

Mailing Address
~~5019 BRIDGEPORT DR.~~
~~SAFETY HARBOR FL 34695~~



2. Principal Place of Business
101 PHILIPPE PARKWAY

3. Mailing Address
101 PHILIPPE PARKWAY

Suite, Apt. #, etc.
STE 205

Suite, Apt. #, etc.
STE 205

City & State
SAFETY HARBOR, FL

City & State
SAFETY HARBOR, FL

Zip
34695

Country
PINELLAS

Zip
34695

Country
PINELLAS

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3732889

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

RUNNELLS, KENT B
101 MAIN ST., STE. A
SAFETY HARBOR FL 34695

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZAYAC, SHERYL L
5019 BRIDGEPORT DR.
SAFETY HARBOR FL 34695 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KEITH E. ZAYAC
101 PHILIPPE PARKWAY, STE 205
SAFETY HARBOR, FL 34695 ☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

4-27-03

727-793-9888

Date

Daytime Phone #

CR2E034 (10/02)