

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90030 050 ***150.00

CMAT002 AV

DOCUMENT # P01000073234
 1. Entity Name
STEVEN ZORN, INC.

Principal Place of Business Mailing Address
5229 35 AVE NORTH **5229 35 AVE NORTH**
ST PETERSBURG FL 33710 **ST PETERSBURG FL 33710**

2. Principal Place of Business 3. Mailing Address
1361 Whitestone Way **1361 Whitestone Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Davie, FL **Davie, FL**
 Zip Country Zip Country
33325 **U.S.** **33325** **U.S.**

4. FEI Number Applied For
59-3734082 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ZORN, STEVEN J
5229 35 AVE NORTH
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent
 Name **Zorn, Steven J.**
 Street Address (P.O. Box Number is Not Acceptable)
1361 Whitestone Way
 City **Davie** **FL** Zip Code **33325**

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: **Steven J. Zorn (Director)** **April 24, 2002**
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 | D | <input type="checkbox"/> Delete |
| NAME | ZORN, STEVEN J | |
| STREET ADDRESS | 5229 35 AVE NORTH | |
| CITY-ST-ZIP | ST PETERSBURG FL 33710 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Zorn, Steven J | |
| STREET ADDRESS | 1361 Whitestone Way | |
| CITY-ST-ZIP | Davie, FL 33325 | |
| 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 | | |

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: **Steven J. Zorn, Director** **4/24/02** **(954) 683-9057**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)