

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90735 047 ***150.00

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DOCUMENT # P01000098467

1. Entity Name

ZIMRIN PRODUCTIONS, INC.



Principal Place of Business

**37 N. PINE CIRCLE
BELLEAIR FL 33756**

Mailing Address

**37 N. PINE CIRCLE
BELLEAIR FL 33756**

2. Principal Place of Business

55 ROGERS STREET

Suite, Apt. #, etc.

PH-1

City & State

CLEARWATER, FL.

Zip

33756

Country

USA

3. Mailing Address

55 ROGERS STREET

Suite, Apt. #, etc.

PH-1

City & State

CLEARWATER FL

Zip

33756

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

91-2158707

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZIMMERMAN, PATRICIA
37 N. PINE CIRCLE
BELLEAIR FL 33756**

7. Name and Address of New Registered Agent

Name

PATRICIA ZIMMERMAN

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

55 ROGERS STREET

PH-1

City

CLEARWATER

FL

Zip Code

33756

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

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

PATRICIA ZIMMERMAN

(NOTE: Registered Agent signature required when reinstating)

4.30.03

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

TITLE **P** ☐ Delete
NAME **ZIMMERMAN, DICK**
STREET ADDRESS **37 N PINE CIRCLE**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **ST** ☐ Delete
NAME **ZIMMERMAN, PATRICIA**
STREET ADDRESS **37 N PINE CIRCLE**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition
NAME **Zimmerman Dick**
STREET ADDRESS **55 ROGERS ST. PH-1**
CITY-ST-ZIP **CLEARWATER, FL 33756**

TITLE **S/T** ☒ Change ☐ Addition
NAME **Zimmerman Patricia**
STREET ADDRESS **55 ROGERS ST. PH-1**
CITY-ST-ZIP **CLEARWATER, FL 33756**

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

727-449-8010

Daytime Phone #

CR2E034 (10/02)