

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

0073857 AV

**DOCUMENT # P93000003229**

1. Entity Name

**ZOLET ARTS ACADEMY, INC.**

Principal Place of Business

**12794 W FOREST HILL BLVD  
 SUITE 4  
 WELINGTON FL 33414**

Mailing Address

**12794 W FOREST HILL BLVD  
 SUITE 4  
 WELINGTON FL 33414**

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

**65-0383183**

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

**ZOLET, LUNDA R  
 12794 W FOREST HILL BLVD  
 SUITE 4  
 WELINGTON FL 33414**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZOLET, LUNDA R.</b>	
STREET ADDRESS	<b>12794 W. FOREST HILL BLVD.</b>	
CITY-ST-ZIP	<b>WELINGTON FL</b>	
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		<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
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*July 3 2001* **561 7936489**

CR2E034 (5/01)

Attachment  
OH#093000003025  
A0076687  
7/3/01

Dear Sir / Madam

This is a request that our corporation  
not be fined for failing to submit the  
2001 UBR by the deadline of May 1<sup>ST</sup>

We did not receive our first  
request document and did not realize  
the failure to file until the late  
request was received.

We respectfully request that you  
accept our payment of \$ 150.00 and  
our apology for our tardiness.

Our business is a small operation  
and we can ill afford the fine.

It is our hope this will never happen  
again we are truly sorry.

Yours Truly

Rejoice