

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007265

1. Entity Name

WILLIAM ZOEPHEL CONTRACTING, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90012 009 ***150.00

Principal Place of Business

2217 CYPRESS ISLAND DR #106
POMPANO BEACH FL 33069

Mailing Address

2217 CYPRESS ISLAND DR #106
POMPANO BEACH FL 33069-4441

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

65-0384503

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

ZOEPHEL, WILLIAM
2217 CYPRESS ISLAND DR #106
POMPANO BEACH FL 33069

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input type="checkbox"/> Delete
NAME	ZOEPHEL, WILLIAM	
STREET ADDRESS	2217 CYPRESS ISLAND DR #106	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSEN, BRIAN	
STREET ADDRESS	5521 LAKESIDE DRIVE, #203	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAMOND, GARY	
STREET ADDRESS	4914 SW 27TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAHOWALD, JEFFREY	
STREET ADDRESS	7910 NW 8TH COURT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D, S	<input type="checkbox"/> Delete
NAME	ZOEPHEL, KAREN	
STREET ADDRESS	2217 CYPRESS ISLAND DR. #106	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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: William Zoepfel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2000

Date

Daytime Phone #

CR2E034 (9/99)