

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90162 046 ***150.00

DOCUMENT # P93000007265

1. Entity Name

WILLIAM ZOEPHEL CONTRACTING, INC.

Principal Place of Business
2217 CYPRESS ISLAND DR #106
POMPANO BEACH FL 33069

Mailing Address
2217 CYPRESS ISLAND DR #106
POMPANO BEACH FL 33069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
840 NW 48 AVE
 Suite, Apt. #, etc.

3. Mailing Address
840 NW 48 AVE
 Suite, Apt. #, etc.

City & State
COCONUT CREEK, FL
 Zip
33063
 Country

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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

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
840 NW 48 AVE
 City **COCONUT CREEK** **FL** Zip Code **33063**

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, 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 **DP** ☐ Delete
 NAME **ZOEPHEL, WILLIAM**
 STREET ADDRESS **2217 CYPRESS ISLAND DR #106**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☐ Delete
 NAME **OLSEN, BRIAN**
 STREET ADDRESS **5521 LAKESIDE DRIVE, #203**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **D** ☐ Delete
 NAME **DIAMOND, GARY**
 STREET ADDRESS **4914 SW 27TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **DS** ☐ Delete
 NAME **ZOEPHEL, KAREN**
 STREET ADDRESS **2217 CYPRESS ISLAND DR 106**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **840 NW 48 AVE**
 CITY-ST-ZIP **COCONUT CREEK, FL 33063**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6700 NW 74 TOW**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

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

TITLE ☒ Change ☐ Addition
 NAME **ZOEPHEL, KAREN**
 STREET ADDRESS **840 NW 48 AVE**
 CITY-ST-ZIP **COCONUT CREEK, FL 33063**

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

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

ADDRESS CHANGES & SPELLING CORRECTION

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 ZOEPHEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM ZOEPHEL

3-25-02 954 979 3497

Date

Daytime Phone #

CR2E034 (9/01)