

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032803

1. Entity Name

ZIMMERMAN ENTERPRISES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90013 049 ***150.00

Principal Place of Business

6305 GARRETT ST
PALM BEACH GARDENS FL 33418
US

Mailing Address

6305 GARRETT ST
PALM BEACH GARDENS FL 33418
US

2. Principal Place of Business

6305 GARRETT ST
Suite, Apt. #, etc.

3. Mailing Address

6305 Garrett St
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jupiter, Florida

City & State

Jupiter, Florida

4. FEI Number

65-0476382

Applied For

Not Applicable

Zip

Country

33458

Palm Beach

Zip

Country

33458

Palm Beach

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

ZIMMERMAN, JACK
6305 GARRETT ST
PALM BEACH GARDENS FL 33418

Name
ZIMMERMAN, JACK

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

6305 Garrett St

City
Jupiter

FL

Zip Code
33458

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZIMMERMAN, JACK
6305 GARRETT ST
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ZIMMERMAN, JACK
6305 Garrett St
Jupiter, Florida 33458 ☒ Change ☐ Addition

TITLE
NAME
STREET
CITY-S
☐ Delete

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

TITLE
NAME
STREET
CITY-S
☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET
CITY-S
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-2000

Date

798-6031

Daytime Phone #

CR2E034 (9/99)