

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90270 042 \*\*\*150.00

**DOCUMENT # P94000054075**

1. Entity Name  
**ZOCH AND ASSOCIATES, INC.**



Principal Place of Business  
**1590 86TH AVE. NORTH  
ST. PETERSBURG FL 33702-2832**

Mailing Address  
**1590 86TH AVE. NORTH  
ST. PETERSBURG FL 33702-2832**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3257771**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**ZOCH, JAMES C  
1590 86TH AVE. NORTH  
ST. PETERSBURG FL 33702-2832**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D ZOCH, JAMES C**  
STREET ADDRESS **1590 86TH AVE. NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33702-2832**

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

TITLE ☐ Delete  
NAME **D ZOCH, NICOLE**  
STREET ADDRESS **1590 86TH AVE. NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33702-2832**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/03** **727/576-5610**  
Date Daytime Phone #

CR2E034 (10/02)

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054075



1. Entity Name  
ZUCH AND ASSOCIATES, INC.

Principal Place of Business  
1590 86TH AVE. NORTH  
ST. PETERSBURG FL 33702-2832

Mailing Address  
1590 86TH AVE. NORTH  
ST. PETERSBURG FL 33702-2832

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 59-3257771

Added For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUCH, JAMES C  
1590 86TH AVE. NORTH  
ST. PETERSBURG FL 33702-2832

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 for both in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when filing)

DATE

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ZUCH, JAMES C  
STREET ADDRESS 1590 86TH AVE. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33702-2832

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

TITLE D ☐ Delete  
NAME ZUCH, NICOLE  
STREET ADDRESS 1590 86TH AVE. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33702-2832

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

ZUCH AND ASSOCIATES, INC. 12-87

Tax ID # 59-3257771

Ph 727-576-5610, Fax 727-576-5660

1590 - 86th Ave. N

St Petersburg, FL 33702

2715

83-656/031

PAY  
TO THE  
ORDER OF

Florida Department of State

DATE February 7, 2003

\$ 150.00

DOLLARS

SUNTRUST

SunTrust Bank, Tampa Bay  
Gateway Office (727) 441-5652  
St. Petersburg, FL

DATE WHEN DEPOSITED

OR DEPOSIT DATE

DATE WHEN DEPOSITED

OR DEPOSIT DATE

FOR

Business

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

2715 76-5610