

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90315 003 ***158.75

DOCUMENT # P94000093047

1. Entity Name
KEN ZECHIEL, P.A.



Principal Place of Business
**8766 BARCIN CIRCLE
RIVERVIEW FL 33569-4950**

Mailing Address
**8766 BARCIN CIRCLE
RIVERVIEW FL 33569-4950**

33001048



2. Principal Place of Business

4316 New River Hills Parkway

3. Mailing Address

4316 New River Hills Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Valrico, FL

City & State

Valrico, FL

4. FEI Number **65-0565384**

Applied For

Not Applicable

Zip

Country

33594 U.S.A

Zip

Country

33594 USA

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

**ZECHIEL, KENNETH C
8766 BARCIN CIRCLE
RIVERVIEW FL 33569-4950**

Name

Markham R. Eaves

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

4316 New River Hills Parkway

City

Valrico

FL

Zip Code

33594

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 **Markham R. Eaves President**

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

(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 **P** ☒ Delete
NAME **ZECHIEL, KENNETH C**
STREET ADDRESS **8766 BARCIN CIRCLE**
CITY-ST-ZIP **RIVERVIEW FL 33569-4950**

TITLE **P** ☒ Change ☐ Addition
NAME **EAVES, MARKHAM R.**
STREET ADDRESS **4316 NEW RIVER HILLS PARKWAY**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **S** ☐ Delete
NAME **SAMEC, EDWARD**
STREET ADDRESS **9812 GIBSONTON DRIVE**
CITY-ST-ZIP **RIVERVIEW FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **MARKHAM R. EAVES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 (813) 293-0491

Date

Daytime Phone #

CR2E034 (10/02)