2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000048821 May 30, 2000 8:00 am **Secretary of State** DICK ZIMMERMAN ASSOCIATES, INC. 05-30-2000 90052 008 ***150.00 Principal Place of Business Mailing Address 2486 PADDOCK WAY 2486 PADDOCK WAY OVIEDO FL 32765 OVIEDO FL 32765-8066 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3323235 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZIMMERMAN, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 2486 PADDOCK WAY OVIEDO FL 32765 Zip Code City FL 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITI F ZIMMERMAN, RICHARD L NAME 2486 PADDOCK WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 TITLE Change ☐ Addition Delete TITLE ZIMMERMAN, SUE B NAME NAME 2486 PADDOCK WAY STREET ADDRESS STREET ADDRESS OVIEDO FL 32765 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated by the condensate and that many applications and that many applications are the condensated and the condensate and that many applications are the condensated and the condensate and that many applications are the condensated and the condensated and the condensated are the condensated are the condensated and the condensated are the condensated are the condensated and the condensated are the condensated

SIGNATURE:

indicated on this report or supplemental repor

of the corporation or the receiver or changed, or on an attachment with

INTED NAME OF SIGNING OFFICER OR DIRECTOR

s 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 overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered.