

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

0052485

05-25-2001 90286 006 ***150.00

DOCUMENT # P95000048821

1. Entity Name

DICK ZIMMERMAN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2486 PADDOCK WAY
 OVIEDO FL 32765

2486 PADDOCK WAY
 OVIEDO FL 32765

0 0 0 0 0 0

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3323235**

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

ZIMMERMAN, RICHARD L
2486 PADDOCK WAY
OVIEDO FL 32765

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.

SIGNATURE

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

(NOT) Registered Agent's 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, RICHARD L	
STREET ADDRESS	2486 PADDOCK WAY	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, SUE B	
STREET ADDRESS	2486 PADDOCK WAY	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

407 366 0140

Daytime Phone #

CR2E034 (10/00)