2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 201 ᴄᴏʀ PROFIT A/n

1. Entity Name

P95000092948

P.Z CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
	4630 N. UNIVERSITY DR. PMB 445 CORAL SPRINGS, FL 33067

2. Principal Place of Business

3. Mailing Address 4630 N. UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc. PMB 445

City & State

City & State CORAL SPRINGS, FL

Zip

Country

Zip 33067

Country U.S.A

4. FEI Number 65-0631602

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

C0043501

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name PAUL ZWANGER

Street Address (P.O. Box Number is Not Acceptable) 5851 HOLMBERG RD

2215

City PARKLAND   FL   Zip Code 33067

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 PAUL ZWANGER

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

(NOTE: Registered Agent signature required when reinstating)

3/20/00

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 PRESIDENT NAME PAUL ZWANGER STREET ADDRESS 5851 HOLMBERG RD #2215 CITY-ST-ZIP PARKLAND, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (9/99)

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: _____ - PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

954-755-2192

Daytime Phone #