

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092948

1. Entity Name

P & Z CONSTRUCTION, INC.

Principal Place of Business

4691 N. UNIVERSITY DRIVE, SUITE 445
CORAL SPRINGS FL 33067

Mailing Address

4630 N UNIVERSITY DR
PMB 445
CORAL SPRINGS FL 33067
US

2. Principal Place of Business

4630 N. UNIVERSITY DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
445

City & State

CORAL SPRINGS, FL

Zip

33067

Country

Zip

Country

6. Name and Address of Current Registered Agent

ZWANGEN, PAUL
5851 HOLMBERG RD
#2215
PARKLAND FL 33067

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/01

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ZWANGER, PAUL 5851 NW 48 DR CORAL SPRINGS, FL 33067 ☒ Change ☐ Addition

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

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

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

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

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

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:

Signature and typed or printed name of signing officer or director

Date 3/11/01

Daytime Phone # 954-755-2192

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90215 017 ***150.00

053134



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-063201 Applied For Not Applicable

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

CR2E034 (10/00)

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