

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90666 037 \*\*\*150.00

DOCUMENT # P95000095461

1. Entity Name

PHANTOM OF JACKSONVILLE, INC.

**DO NOT WRITE IN THIS SPACE**

B0064469

2. Principal Place of Business

INTERSECTION OF 1-10&

3. Mailing Address

555 MARTIN LUTHER KING JR. BLVD.

Suite, Apt. #, etc.

SR 228 RT 3 BOX 959

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MAC CLENNY, FL

City & State

YOUNGSTOWN, OH

4. FEI Number

59-3356423

Applied For

Not Applicable

Zip

32063

Country

Zip

44502

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FARAGE, NANCY G.

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

707 N. FRANKLIN ST. 4TH FLOOR

TAMPA THEATRE BLDG.

City

TAMPA, FL.

**FL**

Zip Code

33602

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P  
NAME ZOLDAN, BRUCE J  
STREET ADDRESS 4490 DEVONSHIRE DR.  
CITY - ST - ZIP YOUNGSTOWN, OH 44512

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE S  
NAME ZOLDAN, ALAN L  
STREET ADDRESS 6741 LOCKWOOD BLVD.  
CITY - ST - ZIP YOUNGSTOWN, OH 44512

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE VP  
NAME BOSTOCKY, JERRY  
STREET ADDRESS 305 RUSSO DR.  
CITY - ST - ZIP CANFIELD, OH 44406

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE T  
NAME FRANK, PETER S.  
STREET ADDRESS 8518 SUMMERLAND TRAIL  
CITY - ST - ZIP POLAND, OH 44514

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter Frank* PETER FRANK

Date

Daytime Phone #