

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002725

1. Entity Name

ZIPMALL, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90015 005 ***550.00

Principal Place of Business

6820 BENJAMIN RD., #5
SUITE 1
TAMPA FL 33634
US

Mailing Address

P.O. BOX 260502
TAMPA FL 33623
US

2. Principal Place of Business

6103 Johns Rd
Suite, Apt. #, etc.
Suite 1

3. Mailing Address

P.O. Box 261512
Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33634

Country

US

Zip

33685

Country

US

4. FEI Number

59-3354490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORTORELLO, JOHN V
4822 BONITA VISTA DT
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name Plavnick, Kimberly B

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

6103 Johns Rd Suite 1

City Tampa

FL

Zip Code

33634

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

Kimberly Plavnick

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/7/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PS	<input type="checkbox"/> Delete
NAME	PLANVNICK, KIMBERLY	
STREET ADDRESS	6820 BENJAMIN RD, SUITE 1	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PLAVNICK, BRIAN	
STREET ADDRESS	6820 BENJAMIN RD, SUITE 1	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6103 Johns Rd Suite 1	
CITY-ST-ZIP	Tampa Florida 33634	
TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6103 Johns Rd Suite 1	
CITY-ST-ZIP	Tampa Florida 33634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE:

Kimberly Plavnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/2000 (813) 881-1425
Date Daytime Phone #

CR2E034 (5/00)