

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022209

1. Entity Name
ZACKRISON ASSOCIATES, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90309 019 ***150.00

Principal Place of Business Mailing Address
P.O. BOX 1843 P.O. BOX 1843
VENICE FL 34284 VENICE FL 34284

2. Principal Place of Business 3. Mailing Address
1678 Waxwing Court
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Venice, FL 34293

Zip Country Zip Country
34293 USA

4. FEI Number **59-3368965** Applied For
Not Applicable

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

ZACKRISON, WALTER J
1678 WAXWING COURT
VENICE FL 34293

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 **Walter J. Zackrisson, Pres.**
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)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	P	ZACKRISON, WALTER J	P O BOX 1808 N/A	DUNNELLON FL 34430	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	ZACKRISON, WALTER J	1678 WAXWING COURT	VENICE, FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: **Walter J. Zackrisson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01 **(941) 493-8211**
Date Daytime Phone #

CR2E034 (10/00)