

2001 UNIFORM BUSINESS REPORT (UBR)

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

0643869

DOCUMENT # **P96000022947**

03-14-2001 90509 048 ***150.00

1. Entity Name
PAMELA S. ZIBELL, P.A.

Principal Place of Business Mailing Address
~~305 66TH ST~~ ~~305 66TH ST~~
 A A
HOLMES BEACH FL 34217 **HOLMES BEACH FL 34217**
 US US

2. Principal Place of Business 3. Mailing Address
9838 50th Ave N **9838 50th Ave N**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sf. Petersburg **Sf. Petersburg Fla.**
 Zip Country Zip Country
33708 **Pinellas** **33708** **Pinellas**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3367229** 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

ZIBELL, PAMELA
305 66TH STREET
APT A
HOLMES BEACH FL 34217

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 *Pamela Zibell President* DATE **3/9/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD	<input type="checkbox"/> Delete
NAME	ZIBELL, PAMELA S	
STREET ADDRESS	305 66TH STREET APT A	
CITY-ST-ZIP	HOLMES BEACH FL 34217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9838 50th Ave N	
CITY-ST-ZIP	Sf. Petersburg, Fla 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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, are empowered.

SIGNATURE: *Pamela Zibell* Date Daytime Phone #

CRE034 (10/00)