## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country - - -

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

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12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

## DOCUMENT # P96000057492

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CJTY-ST-ZJP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ZUMBAUGH & ASSOCIATES, INC.

Principal Place of Business Mailing Address 1224 LAKE BLUE CIRCLE 1224 LAKE BLUE CIRCLE APOPKA FL 32703 APOPKA FL 32703-7458

Country

ZUMBAUGH, LEONARD D

1224 LAKE BLUE CIRCLE APOPKA FL 32703

9. This corporation is eligible to satisfy its Intangible

ZUMBAUGH, LEONARD D

1224 LAKE BLUE CIRCLE

APOPKA FL 32703

Tax filing requirement and elects to do so.

(See criteria on back)

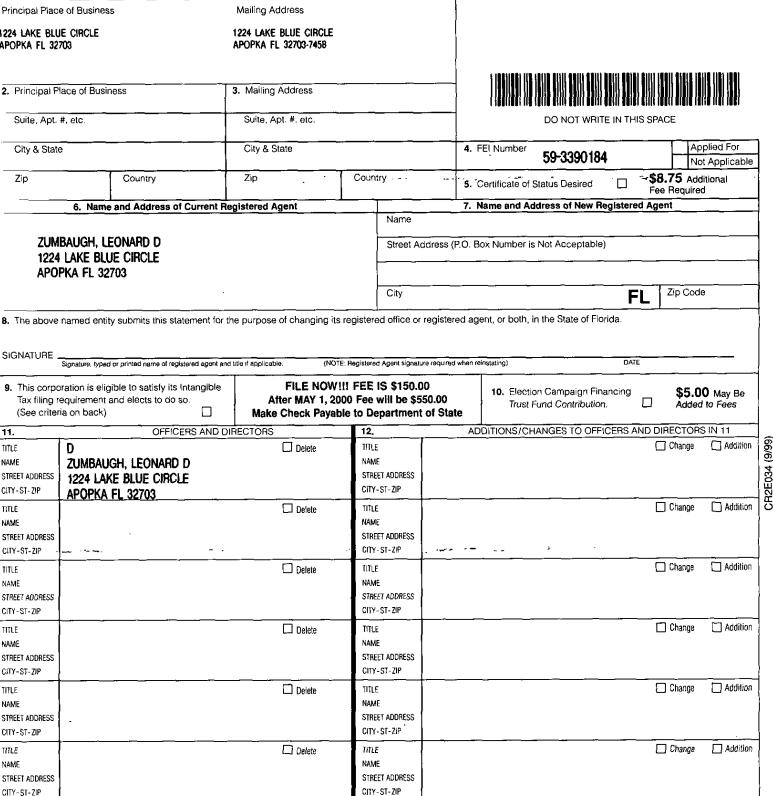
6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

## FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90065 039 \*\*\*150.00



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: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMS OFFICER OR DIRECTOR