2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
04-19-2001 90054 039 ***150.00

DOCUMENT # P96000077324

1. Entity Name
S B Z, INC.

Principal Place of Business	Mailing Address
5416 HARVEY STREET PANAMA CITY FL 32404	~~P O BOX 6084~~ ~~PANAMA CITY FL 32404~~ ~~US~~

UUU40714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	5416 Harvey ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Panama City, FL
Zip / Country	Zip: 32404 / Country: USA

4. FEI Number 59-3406945 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEYDE, ROBERT D
HAGGARD & HEYDE
~~2869 JEFFERSON STREET~~
~~MARIANNA FL 32446~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1421 Spooner Road
Grand Ridge
City FL Zip Code 32442

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 ______________________________ DATE
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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ZIMMERMAN, SILVEN		NAME		
STREET ADDRESS	5416 HARVEY STREET		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ZIMMERMAN, BEVERLY		NAME		
STREET ADDRESS	5416 HARVEY STREET		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: [signature] 4-13-01 850 785-4671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #