

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90055 012 \*\*\*150.00

**DOCUMENT # P96000077544**

1. Entity Name  
**MCZIMM MANUFACTURING, INC.**

Principal Place of Business 5205 N EDGEWATER DR STE C ORLANDO FL 32810 US	Mailing Address 5205 N EDGEWATER DR STE C ORLANDO FL 32810-5232 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4827 N. ORANGE Blossom Trail</b>	3. Mailing Address <b>4827 N. ORANGE Blossom Trail</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>	4. FEI Number <b>65-0704566</b>	Applied For <input type="checkbox"/>
Zip <b>32810</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ZIMMERMAN, MARSHA R 5205 N EDGEWATER DR STE C ORLANDO FL 32810</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4827 N. ORANGE Blossom Trail</b> City <b>ORLANDO</b> FL Zip Code <b>32810</b>
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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 \_\_\_\_\_ (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, 2000 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 <b>PTS</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ZIMMERMAN, MARSHA R</b>		NAME	
STREET ADDRESS <b>5205 N EDGEWATER DR STE C</b>		STREET ADDRESS <b>4827 N. ORANGE Blossom Trail</b>	
CITY-ST-ZIP <b>ORLANDO FL 32810</b>		CITY-ST-ZIP <b>ORLANDO, FL 32810</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Marsha R Zimmerman 4/1/00 407-532-0905  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)