## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000010318 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name Z JEWELRY, INC. 04-24-2000 90087 042 \*\*\*150.00 Principal Place of Business Mailing Address 2721 N. FORSYTH ROAD 2721 N. FORSYTH ROAD SUITE 351 SUITE 351 WINTER PARK FL 32792-8911 WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business 4054 N. GULDENRUD 4054 N HOLDENROD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 58-2287613 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent どくらのん NIELSON, J. D 2721 N. FORSYTH ROAD **SUITE 351** WINTER PARK FL 32792 named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **IELSON** SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Change ☐ Addition ☐ Delete TITLE NIELSON, J. D. NAME NAME 2721 N. FORSYTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP Addition ☐ Delete Change TITLE VIERS, KARALYN S NAME 2721 N. FORSYTH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME

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 attagment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PANSINE D. D. N

A 18 2000

407-673-73

Date

Daytime Phone #