

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90019 020 ***550.00

0136563 AT

DOCUMENT # P97000019535

1. Entity Name
ZEBRA PUBLISHING COMPANY



Principal Place of Business 14270 TIMBEREDGE LANE COLORADO SPRINGS CO 80921 US	Mailing Address 14270 TIMBEREDGE LANE COLORADO SPRINGS CO 80921 US
--	--

2. Principal Place of Business 2960 N Academy Blvd Suite, Apt. #, etc. Suite 101 City & State Colorado Springs, CO Zip 80917 Country USA	3. Mailing Address 2960 N Academy Blvd Suite, Apt. #, etc. Suite 101 City & State Colorado Springs, CO Zip 80917 Country USA
--	--

C0074031



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**METZLER, MICHAEL K
 2630 NW 41ST STREET
 BLDG A
 GAINESVILLE FL 32606**

4. FEI Number **59-3504992**

Applied For ☒ Not Applicable

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

7. Name and Address of New Registered Agent

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 *Sherry Krenz* **7-20-01**

Signature, typed or printed name of registered agent and title if applicable (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSD KRENZ, BILL 14270 TIMBEREDGE LANE COLORADO SPRINGS CO 80921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2960 N Academy Blvd., Suite 101 Colorado Springs, CO 80917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KRENZ, SHERRY 14270 TIMBEREDGE LANE COLORADO SPRINGS CO 80921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2960 N Academy Blvd., Suite 101 Colorado Springs, CO 80917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sherry Krenz* **7-20-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)