

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90358 048 ***550.00

DOCUMENT # P97000019801

1. Entity Name
SZF, INC.

Principal Place of Business

**800 N MAGNOLIA AVE
 SUITE 1500
 ORLANDO FL 32803
 US**

Mailing Address

**800 N MAGNOLIA AVE
 SUITE 1500
 ORLANDO FL 32803
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3502015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, STEVEN C ESQ.

800 N. MAGNOLIA AVENUE

SUITE 1500

ORLANDO FL 32803

Name

Dean Mead Services, LLC

Street Address (P.O. Box Number is Not Acceptable)

800 N. Magnolia Avenue, FL 32803

Suite 1500

City

Orlando

FL

Zip Code

32803

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.

By: **Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.**

SIGNATURE By:

Steven C. Lee

Steven C. Lee, Vice Pres.

07/02/02

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 \$150.00
After May 1, 2002 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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **ZIMMERMAN, SEEMA**
 CITY-ST-ZIP **7763 GLADES RD PMB 1006**
BOCA RATON FL 33434

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **ZIMMERMAN, STEVEN J**
 CITY-ST-ZIP **151 FAWSETT RD E**
WINTER PARK FL 32789

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **TITEN, LISA**
 CITY-ST-ZIP **10409 GREEN HEDGES DR**
TAMPA FL 33626

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **WEISMAN, ARLENE LOU**
 CITY-ST-ZIP **171 E MARION WAY**
MAITLAND FL 32751

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED
STEVEN J. ZIMMERMAN, VICE PRESIDENT

July 2, 2002

(407) 649-6000

Date

Daytime Phone #

CR2E034 (9/01)