

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031195

1. Entity Name

KAREN ZUCCHI, INCORPORATED

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90010 042 ***150.00

Principal Place of Business

358 E. PALMETTO AVE.
LONGWOOD FL 32750

Mailing Address

P.O. BOX 522642
LONGWOOD FL 32752-2642

2. Principal Place of Business

3. Mailing Address

401 OVERSTREET AVE

Suite, Apt. #, etc.

LONGWOOD, FL

City & State

32750

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3440005

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

SCHULMAN, BETH-ANN
682 MATLAND AVE.
ALTAMONTE SPRINGS FL 32701

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 *Karen Zucchi* N/A

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	P ZUCCHI, KAREN 358 E. PALMETTO AVE. LONGWOOD FL 32750	<input type="checkbox"/> Delete
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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: *Karen Zucchi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

Date

Daytime Phone #

407-834-6206

CR2E034 (9/99)