

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**  
 02-23-2000 90027 015 \*\*\*150.00

**DOCUMENT # P97000057588**

1. Entity Name  
**ZAUNER ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

3375 34TH STREET NORTH #D  
 ST. PETERSBURG FL 33713

3375 34TH STREET NORTH #D  
 ST. PETERSBURG FL 33713-2471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Kenneth City, FL

33709-8134

Pineellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3456682

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

JOHNSON, DOUGLAS E  
 3375 34TH STREET NORTH #D  
 ST. PETERSBURG FL 33713

Name

DOUGLAS E. JOHNSON

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

5219 59th Way North

City

Kenneth City

FL

Zip Code

33709

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/2000

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	P	<input type="checkbox"/> Delete
NAME	JOHNSON, DOUGLAS E	
STREET ADDRESS	5219 59TH WAY WEST NORTH	
CITY-ST-ZIP	KENNETH CITY FL 33709	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	JOHNSON, PARTICIA A	
STREET ADDRESS	5219 59TH WAY NORTH	
CITY-ST-ZIP	KENNETH CITY FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2000

Date

(727) 526-9150

Daytime Phone #

CR2E034 (9/99)