

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90066 003 ***150.00

DOCUMENT # P97000057588

1. Entity Name
ZAUNER ENTERPRISES, INC.

Principal Place of Business Mailing Address
3375 34TH STREET NORTH #D **PO BOX 28134**
ST. PETERSBURG FL 33713 **KENNETH CITY FL 33709-8134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9011 PARK BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.
201

City & State City & State
LARGO, FL.

4. FEI Number Applied For
59-3456682 Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, DOUGLAS E
5219 59TH WAY NORTH
KENNETH CITY FL 33709

7. Name and Address of New Registered Agent
 Name **JOHNSON, DOUGLAS E.**
 Street Address (P.O. Box Number is Not Acceptable)
8000 93rd Street North
 City **Seminole** **FL** Zip Code **33777**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 JOHNSON, DOUGLAS E 5219 59TH WAY NORTH KENNETH CITY FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DOUGLA E. 8000 93rd Street N Seminole, FL 33777 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]** Date **4/5/01** Daytime Phone # **(727) 398-0096**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)