2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90067 001 ***300.00

DOCUMENT # P97000070123

1. Entity Name
ZOHNER DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1928 BOOTHE CT INGLEWOOD FL 32750	1928 BOOTHE CT INGLEWOOD FL 32750-6774

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1928 Boothe Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Longwood FL	City & State
Zip: 32750 Country: US	Zip Country

4. FEI Number 59-2669055 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARGROVE, CHARLES D ESQ.
801 N. MAGNOLIA AVE., SUITE 402
ORLANDO FL 32803-3851

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 ____________________
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, 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	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CALLENDER, SONYA M		NAME		
STREET ADDRESS	370 HAVERLAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32707		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CALLENDER, JEFFREY I		NAME		
STREET ADDRESS	370 HAVERLAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32707		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: ____________________ 2/22/00 407-332-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #