2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073707

1. Entity Name

Z & B ENTERPRISES INC.

FILED Jan 22, 2000 8:00 am Secretary of State

				01-22-2000 90019 0	39 ***1	30.00	J
Principal P	face of Business	Mailing Address	<u></u>				
3386 TRIPOLI BLVD PUNTA GORDA FL 33950		3386 TRIPOLI BLVD PUNTA GORDA FL 33950-7821		00002312			
2. Principa	I Place of Business	3. Mailing Address					
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE			
				A ED Number			
Zip	Country	Zip	Country	65-0784459		_	Not Applic dditional
· <u>-</u>	6. Name and Address of Current	Pegistered Agent	<u> </u>	5. Certificate of Status Desired	Fe	e Requi	red red
==	S. Marile Bild Address of Coffeill	negistered Agent	Name	7. Name and Address of New Regist	ered Age	ent	
223	otitzky, edward L 3 Taylor St. NTA Gorda Fl 33950		Street Addres	ss (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Co	 de
8. The above	e named entity submits this statement for	r the purpose of changing its	S registered office or regis	stered agent, or both, in the State of Florida.			
lax filing requirement and elects to do so. After MAY 1, 2			!!! FEE IS \$150.00 100 Fee will be \$550.00 ple to Department of S	state must Fund Contribution.		Ådde	00 May Be
TITLE	DVP	DIRECTORS Delete	12.	ADDITIONS/CHANGES TO OFFICERS			RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	ELKTON MD 21921	L_1 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	□
TITLE NAME	DT		0(1) 01 Ell				
	BUNNER, MARILYN B 953 LEEDS RD. ELKTON MD 21921	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	□ *###
STREET ADDRESS CITY-ST-ZIP TITLE	953 LEEDS RD. ELKTON MD 21921 DP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	,			_ ····
CITY-ST-ZIP	953 LEEDS RD. ELKTON MD 21921 DP JEFFEREY; ZIMER: N 3386 TRIPOLI BLVD PUNTA GORDA FL 33950		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	EMERILEFFREY			П
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	953 LEEDS RD. ELKTON MD 21921 DP JEFFEREY; ZIMER: N 3386 TRIPOLI BLVD PUNTA GORDA FL 33950 PS ZIEMER, JOANNE R 3386 TREIPOL BLVD.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMERTEFFREY TO	1, 21	Change	C (ECT:

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 changed, or on an attachment with an address, with all other like empowered.

SENATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

505-9666 aytime Phone #