

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082760

1. Entity Name
SZS SALES, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90046 005 ***150.00

Principal Place of Business

212 S. TAMiami TrL
VENICE FL 34285

Mailing Address

212 S. TAMiami TrL
VENICE FL 34285

00022645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

503 EAST LAUREL ROAD

3. Mailing Address

503 EAST LAUREL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

City & State

NOKOMIS, FL

4. FEI Number 65-0783463

Applied For

Not Applicable

Zip

Country

34275 USA

Zip

Country

34275 USA

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

ZINN, BLAKE C.
3915 6TH AVE. W.
PALMETTO FL 34221

Name

William B. Sparkman IV

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

2510 17th Ave. W.

City

Bradenton, FL

FL

Zip Code

34205

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

William B. Sparkman IV President

02.12.01

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, 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 PS
NAME ZINN, BLAKE C.
STREET ADDRESS 3915 6TH AVE W.
CITY-ST-ZIP PALMETTO FL 34221 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPT
NAME SPARKMAN, WILLIAM B. IV
STREET ADDRESS 2510 17TH AVE. W.
CITY-ST-ZIP BRADENTON FL 34205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

William B. Sparkman IV

William B. Sparkman IV

02.12.01

Date

(941) 484-8880

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)