

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090209

1. Entity Name

READING ZERO, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90035 014 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 1025  
DELRAY BEACH FL 33447  
US

P.O. BOX 1025  
DELRAY BEACH FL 33447-1025  
US

2. Principal Place of Business

2922 SW 22nd Circle

3. Mailing Address

2922 SW 22nd Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit A

Unit A

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

Country

33445

USA

Zip

Country

33445

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 PD  
NAME PELLERIN, RUSSELL P  
STREET ADDRESS 257 PAKO AVE.  
CITY-ST-ZIP KEENE NH 03431 ☐ Delete

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

TITLE T  
NAME PELLERIN, CHRISTOPHER M  
STREET ADDRESS 2922 SW 22ND CIR. UNIT A  
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

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

TITLE SD  
NAME DECATUR, JOEL W  
STREET ADDRESS 5192 NORTHEAST 6TH AVENUE  
CITY-ST-ZIP OAKLAND PARK FL 33334 ☐ Delete

TITLE S  
NAME DECATUR, JOEL W  
STREET ADDRESS 333 CHERIE COURT  
CITY-ST-ZIP FT WALTON BCH FL 32548 ☒ Change ☐ Addition

TITLE VP  
NAME ROY, CHRISTOPHER S  
STREET ADDRESS 5192 NE 6TH AVE. APT. 814  
CITY-ST-ZIP OAKLAND PARK FL 33334 ☐ Delete

TITLE VP  
NAME ROY, CHRISTOPHER S  
STREET ADDRESS 2806 monument AVE #3  
CITY-ST-ZIP RICHMOND VA 23221 ☒ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Christopher M. Pellerin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/2000

Date

561 438-4840

Daytime Phone #

CR2E034 (9/99)