05/01/01 TUE 12:30 FAX 8139486670 PREFFEDED-PROPERTI

FILED
May 24, 2001 8:00 am
Secretary of State
05-24-2001 90493 030 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099935

1. Entity Name
JRZ SYSTEMS, INC

Principal Place of Business | Mailing Address
1827 INDUSTRIAL BLVD
TARPON SPRINGS, FL 34684

770316

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1827 INDUSTRIAL BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS	City & State
Zip: 34684 County: Pinellas	Zip Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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
DOWD HENRY R	Name
5141 EAGLE ISLAND DR	Street Address (P.O. Box Number is Not Acceptable)
LAND O' LAKES, FL 34639	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 ______________________ 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. ☐ (See criteria on back)

[redacted]

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZENTMEYER ROBERT	NAME	
STREET ADDRESS	5104 ROSEGREEN CT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZENTMEYER MARTHA	NAME	
STREET ADDRESS	5104 ROSEGREEN CT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33624	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	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #