

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90070 028 \*\*\*150.00

DOCUMENT # *P98000003234*

1. Entity Name

Ziggy Enterprises, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6011 103rd St.

3. Mailing Address

6011-103rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7

7

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Zip

Country

Country

32210

USA

32210

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3493762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Alva V. Ziegenbein

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

380 Perthshire Dr.

City

Orange Park

FL

Zip Code

32073

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/17/03*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President

Alva V. Ziegenbein

380 Perthshire Dr.

Orange Park, FL 32073

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 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 #

*2/27/03 904-7773323*

CR2E034B (12/02)