2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State
08-13-2001 90066 038 ***550.00

DOCUMENT # P98000017027

1. Entity Name
JOHN ZAK, III, P.A.

Principal Place of Business	Mailing Address
353 N. CLYDE MORRIS BLVD.. #2 DAYTONA BEACH FL 32114	353 N. CLYDE MORRIS BLVD.. #2 DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
437 N. Clyde Morris Blvd		437 N. Clyde Morris Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Daytona Bch.		City & State: Daytona Bch	
Zip: 32114	Country: USA	Zip: 32114	Country: USA

4. FEI Number 59-3500369 ☐ 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
ZAK, JOHN III 353 N. CLYDE MORRIS BLVD., #2 DAYTONA BEACH FL 32114	Name: John Zak III Street Address (P.O. Box Number is Not Acceptable): 437 N. Clyde Morris Blvd City: Daytona Beach FL Zip Code: 32114

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 $550.00
After September 12, 2001 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D ZAK, JOHN III 353 N CLYDE MORRIS BLVD., #2 DAYTONA BEACH FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Zak III 437 N. Clyde Morris Blvd Daytona Beach FL 32117	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: SIGNATURE REQUIRED 7/30/01 904-255-4428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)