

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023384

1. Entity Name

PAUL ZANDERS LATH CO., INC.

Principal Place of Business

2533 WATERS EDGE DR
NEPTUNE BEACH FL 32266

Mailing Address

2533 WATERS EDGE DR
NEPTUNE BEACH FL 32266

2. Principal Place of Business

13583 E. Tarrasa Ct.

3. Mailing Address

13583 E. Tarrasa Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

City & State

Jacksonville, FL.

Zip

32225

Country

Zip

32225

Country

4. FEI Number

59-3498342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZANDERS, PAUL
2533 WATERS EDGE DR
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name PAUL ZANDERS

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

13583 E. Tarrasa Ct.

Jacksonville, FL.

City

FL

Zip Code

32225

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

Paul Zanders

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

(NOTE: Registered Agent signature required when reinstating)

3/28/01

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

TITLE PVST
NAME ZANDERS, PAUL
STREET ADDRESS 2533 WATERS EDGE DR
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☐ Delete

TITLE D
NAME ZANDERS, PAUL
STREET ADDRESS 2533 WATERS EDGE DR
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Paul Zanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

904 221-8917

Daytime Phone #

0019287

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE