

DOCUMENT # P98000029269

ZOOKEEPERS, INC.

2443 DUKE LANE
PORT CHARLOTTE FL 33952

2443 DUKE LANE
PORT CHARLOTTE FL 33952-4112

Suite, Apt. #, etc.

4. FEI Number **65-0831369**

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

WARD, DON L
1480 NE SUNSET AVENUE
ARCADIA FL 34266

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ELLER, EVELYN	
STREET ADDRESS	2443 DUKE LANE	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #