

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000035324**

1. Entity Name

ZAHN BUILDERS FLORIDA, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90201 019 ***150.00

Principal Place of Business

**750 E SAMPLE RD
BLDG STE 8
POMPANO BCH FL 33064**

Mailing Address

**750 E SAMPLE RD
BLDG STE 8
POMPANO BCH FL 33064**

2. Principal Place of Business

2023 NE 36 STREET
Suite, Apt. #, etc.

3. Mailing Address

2023 NE 36 STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LIGHTHOUSE POINT, FL

City & State

LIGHTHOUSE POINT, FL

4. FEI Number

65-0824182

Applied For

Not-Applicable

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD5. 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

**ZAHN, ROGER C
750 E SAMPLE RD
BLDG 1 STE 8
POMPANO BCH FL 33064**

Name

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

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

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PTD	<input type="checkbox"/> Delete
NAME	ZAHN, ROGER C	
STREET ADDRESS	750 E SAMPLE RD BLDG 1 STE 8	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHN, ROGER C	
STREET ADDRESS	2023 NE 36th Street	
CITY-ST-ZIP	Lighthouse Point, Florida 33064	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	ZAHN, ROGER C JR.	
STREET ADDRESS	750 E SAMPLE RD BLDG 1 STE 8	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHN, ROGER C JR	
STREET ADDRESS	2023 NE 36th Street	
CITY-ST-ZIP	Light House Point, Florida 33064	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 #

CR2E034 (10/00)