2002 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2002 8:00 am P98000035324 DOCUMENT # Secretary of State 02-28-2002 90010 030 ***150.00 ZAHN BUILDERS FLORIDA, INC. Principal Place of Business Mailing Address 2023 NE 36 STREET 2023 NE 36 STREET LIGHTHOUSE FL 33064 LIGHTHOUSE FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0824182 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZAHN 96 E 12 ZAHN, ROGER C Number is Not Acceptable) Street Address (P.O. 750 E SAMPLE RD SAMPLE BLDG 1 STE 8 POMPANO BCH FL 33064 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 FILE-NOW!!! FEE IS-\$150.00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ZAHN. ROGER C NAME NAME 2023 NE 36TH STREET STREET ADDRESS STREET ADDRESS IGHTHOUSE POINT FL 33064 CITY-ST-ZIP CITY-ST-ZIP VSD ☐ Delete TITLE [Change ☐ Addition zahn, roger c jr. NAME NAME 2023 NE 36TH STREET STREET ADDRESS STREET ADDRESS LIGHT HOUSE POINT FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: ___

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODERC. ZAHN 2/12/0

Daytime Phone #

FILED