2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P98000037592 May 08, 2000 8:00 am Secretary of State 1. Entity Name R.O. ZIMMER & ASSOCIATES CO. 05-08-2000 90190 014 ***150.00 Mailing Address Principal Place of Business 1219 SW DYER POINTE ROAD 1219 SW DYER POINTE ROAD PALM CITY FL 34990 PALM CITY FL 34994-4635 2. Principal Place of B DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0833332 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIMMER, RICHARD O Street Address (P.O. Box Number is Not Acceptable) 1219 S.W. DYER POINT RD PALM CITY FL 34990 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or egistered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD TITLE ☐ Delete TITLE 🔼 Change ☐ Addition ZIMMER, ZICHARD O. 415 N. RIVER DR-#303 ZIMMER, RICHARD O NAME NAME STREET ADDRESS 1219 SW DYER POINTE ROAD STREET ADORESS STUARC, FL 34994 ZIMMER, JANICE K CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 VSD ☐ Delete **Change** ☐ Addition TITLE NAME 2 ZIMMER, JANICE K 1. RIVER DR-#30 NAME STREET ADDRESS 1219 SW DYER POINTE ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM CITY FL 34990 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.