

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037676

1. Entity Name

ZEREP CORPORATION

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90182 043 ***150.00

Principal Place of Business

605 JAMES LEE ROAD
FT. WALTON BCH FL 32547

Mailing Address

507 DONA AVENUE
FT. WALTON BCH FL 32547

2. Principal Place of Business

3. Mailing Address

1223 TWIN BAY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT WALTON BEACH

City & State

City & State

FLORIDA

Zip

Country

Zip

Country

32547

USA

4. FEI Number 59-3508446

Applied For

Not Applicable

5. 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

PEREZ, RICHARD A
507 DONA AVENUE
FT. WALTON BEACH FL 32547

Name PEREZ, RICHARD A.

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

1223 TWIN BAY LANE

City FT Walton Beach

FL

Zip Code 32547

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 State

10. 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 DP ☐ Delete
NAME PEREZ, RICHARD A
STREET ADDRESS 507 DONA AVE.
CITY-ST-ZIP FT. WALTON BCH FL 32547

TITLE DP ☒ Change ☐ Addition
NAME PEREZ, RICHARD A
STREET ADDRESS 1223 TWIN BAY LANE
CITY-ST-ZIP FT Walton Bch FL 32547

TITLE DST ☐ Delete
NAME PEREZ, SANDRA M
STREET ADDRESS 108704 HERITAGE HILLS DR.
CITY-ST-ZIP BROOKVILLE MD 20833

TITLE DST ☒ Change ☐ Addition
NAME PEREZ, SANDRA M
STREET ADDRESS 18704 HERITAGE HILLS DR
CITY-ST-ZIP BROOKVILLE MD 20833

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Richard A Perez RICHARD A PEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-01 850 864 3480

CR2E034 (10/00)