2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060311

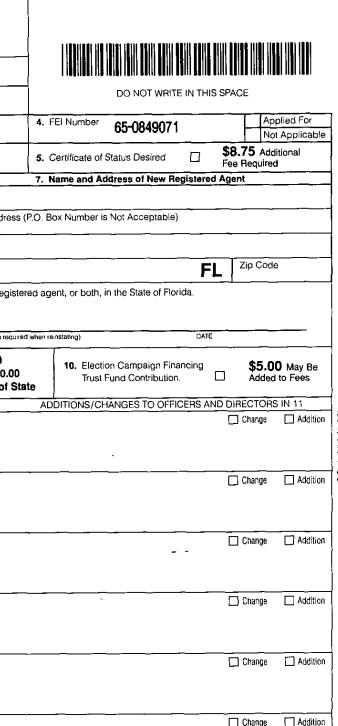
Suite, Apt. #, etc.

ZONA CAPITAL, INC. Principal Place of Business Mailing Address C/O RENEA M. GLENDINNING C/O RENEA M. GLENDINNING 1858 RINGLING BLVD i 656 RINGLING BLVD SARASQTA FL 34236 SARASOTA FL 34236-5917 2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90113 049 ***150.00



City & State City & State Country Zip Country Zip 6. Name and Address of Current Registered Agent Name GLENDINNING, RENEA M Street Address (P.O. Box Number is Not Acceptable) 1858 RINGLING BLVD SARASOTA FL 34236 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE GEBHARD, H DIETER NAME NAME <u>4</u> STREET ADDRESS 1858 RINGLING BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 D ☐ Delete TITLE GLENDINNING, RENEA M NAME STREET ADDRESS 1858 RINGLING BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

NAME

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NAME STREET ADDRESS

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CITY-ST-ZIP

NAME

TITLE

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CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete