

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90353 044 ***150.00

DOCUMENT # P98000092089
1. Entity Name
ZIEGLER PAINTING, INC.
Principal Place of Business
4826 MARSH HAMMOCK DR. W
JACKSONVILLE FL 32224
Mailing Address
4826 MARSH HAMMOCK DR. W
JACKSONVILLE FL 32224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-3541035
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZIEGLER, CHARLES W
4826 MARSH HAMMOCK DR. W
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent
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, 2002 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

Table with 7 rows and 2 columns: OFFICERS AND DIRECTORS. Each row contains fields for Title, Name, Street Address, and City-ST-ZIP, with a 'Delete' checkbox.

Table with 7 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Each row contains fields for Title, Name, Street Address, and City-ST-ZIP, with 'Change' and 'Addition' checkboxes.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/13/02
Daytime Phone #: 904/568/2340

CR2E034 (9/01)