

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90066 049 ***150.00

DOCUMENT # P98000092372

1. Entity Name

ANN Z, INC.

Principal Place of Business

Mailing Address

HAUERHILL ROAD

**C/O 1601 FORUM PLACE #403
WEST PALM BEACH FL 33401**

PALM BEACH FL 33401

C0016502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3951 Haverhill Rd No.

3. Mailing Address

Suite, Apt. #, etc.

111

Suite, Apt. #, etc.

City & State

W. PALM BEACH

City & State

4. FEI Number

65-0876735

Applied For

Not Applicable

Zip

33417

Country

Zip

Country

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

**SHAW, ELLIOT S
1601 FORUM PLACE
SUITE 403
WEST PALM BEACH FL 33401**

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, 2000 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 ☐ Delete
NAME **D KING, ANN Z**
STREET ADDRESS **1800 EMBASSY DRIVE #101**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☒ Change ☐ Addition
NAME **1800 Embassy Dr. # 110**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
ANN Z KING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00

Date

561 655 1438

Daytime Phone #

CR2E034 (9/99)