2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (I

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)								FILED Jan 17, 2003 8:00 am				
DOCUMENT # P98000107855								Secreta	_		e	
ZIMMER	LE CONSTRUC	CTION, INC.					3	01-17-2003	0033 013	136.73		
Principal Place of Business 481 OPOSSUM LN BUNNELL FL 32110			Mailing Address 481 OPOSSUM LN BUNNELL FL 32110				118	DIADRANDARIAN (BIST DATIS BASIS	BBIOLIKOLIKOLIA	II (818) R ij o i d	IJA I or i	
2. Principal	Place of Business	3.	Mailing Address		*							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	ate		City & State				4. FEI Nur	59-3547904		Applied Not App		
Zip		intry	•	Count	iry			ate of Status Desired	Fee Re	5 Additiona equired	al	
·	6. Name and A	ddress of Current Regis	tered Agent		Name		7. Name a	nd Address of New Reg	istered Agent			
LOGUIDICE, JOSEPH A 555 W. GRANADA BLVD STE B-5						Address (F	P.O. Box Num	• nber is Not Acceptable)				
ORMOND BEACH FL 32174												
8. The above named entity submits this statement for the purpose of changing its report to obligations of registered energy.					City	*				Code		
the obliga	ilions of registered at	gent.					ed agent, or t	ooth, in the State of Floric		with, and a	iccept	
Afte	FILE NOW!!! FEE r May 1, 2003 Fee	IS \$150.00		TE. Hegistered		itore required v	9.	Election Campaign Finar Trust Fund Contribution.	· - •	5.00 Ma		
10.	r	OFFICERS AND DIREC	TORS	11.			ADDITION	S/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 1	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMMERLE, PHIL 481 OPOSSUM I BUNNELL FL 32	LN	Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	Tres Philits R	Jident Upos	Zimmer sum Lang	□ cha	inge 💢	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIMMERLE, PHIL 481 OPOSSUM I BUNNELL-FL-32	_ANE	Delete	TITLE NAME STREET CITY-S	F AODRESS St-zip_	Vice Riti		interie	☐ Cha	nge 🔎	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		A	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	JOSA	ΛΕ <i>ΙΙ,</i> Ε.	73110	☐ Cha	nge 🗀 A	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME	ADDRESS		•		☐ Chai	nge 🗆 A	Addition	
TITLE NAME			☐ Delete	TITLE	-11				☐ Char	ige A	ddition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zimmerle /15/03 386-437-2344