

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002692

1. Entity Name

ZEL INSURANCE AGENCY, INC.

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90015 001 \*\*\*558.75

Principal Place of Business

749 WAIKIKI AVENUE N.W.  
 PALM BAY FL 32907

Mailing Address

749 WAIKIKI AVENUE N.W.  
 PALM BAY FL 32907

A0078450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FFI Number

57-355 9922

Applied For

Not Applicable

Zip

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

ZELAZNY, ROBERT JOHN  
 749 WAIKIKI AVENUE N.W.  
 PALM BAY FL 32907

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 ZELAZNY, ROBERT J  
 749 WAIKIKI AVENUE N.W.  
 PALM BAY FL 32907

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

✓  
 ZELAZNY, SUN C.  
 749 WAIKIKI AVE NW  
 PALM BAY FL 32907

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/14/00

321-724-8067

CR2E034 (5/00)

Attachment  
#P9900002692  
A0078450

**ZEL INSURANCE AGENCY INC.**

749 WASKISKI AVE NW  
PACOMBA, NJ 07650

To whom it may concern,

Dear Sirs,

Enclosed is my check to the department of State for \$558.75 for the Uniform Business filing report. This is my first year as an Incorporated business owner. The original letter of notification sent to me, I misplaced. And at that time I did not realize the time deadline involved and did not know that I needed to do the filing (or I had been told by the attorney who set up the corporation and had forgotten). If possible I would like a one-time waving of the penalty of \$400.00.

Thank you.

Sincerely,



Robert J. Zelazny  
Zel Insurance Agency Inc.