

2000 UNIFORM BUSINESS REPORT (UBR)

4-27-00

DOCUMENT # P99000005992

1. Entity Name

ZACMAN INC.

FILED

00 APR 27 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
80077525

Principal Place of Business

Mailing Address

549 CUTTER LN
LONGBOAT KEY, FL 34228

2. Principal Place of Business

3. Mailing Address

4271 N. 120 2YTH AVE

~~549 CUTTER LN~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LIGHT HOUSE PT., FL

City & State
~~LONGBOAT KEY FL~~

Zip

Country

Zip

Country

33064

USA

34228

USA

DO NOT WRITE IN THIS SPACE

4/27/00 90126/020

\$150.00

4. FEI Number

Applied For

Not Applicable

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

CHRIS CASWELL
100 WALLACE AVE
SARASOTA, FL 34237

Name CHRISTOPHER K. CASWELL
Street Address (P.O. Box Number is Not Acceptable)
2369 FRUITVILLE RD.
City SARASOTA FL Zip Code 34237

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.

Chris Caswell

4/19/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		ZACHARY C. JUSTICE 4271 N. 120 2YTH AVE LIGHT HOUSE PT. FL 33064	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

ZACHARY C. JUSTICE

ZACHARY C. JUSTICE

(954) 943-5289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/99)

5/5