

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
60077525

Principal Place of Business

Mailing Address

**549 CUTLER LN
LONGBOAT KEY, FL 34228**

2. Principal Place of Business

3. Mailing Address

**4271 N. 120 24TH AVE
SUITE, Apt. #, etc.**

Suite, Apt. #, etc.

STAMM AS BLK 2

DO NOT WRITE IN THIS SPACE

4127100 901261020 \$150.00

City & State

City & State

LIGHT HOUSE PT., FL

LONGBOAT KEY FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

33064 USA

USA

34228

USA

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 FROUILL 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

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

(NOTE: Registered Agent signature required when reinstating)

4/19/2000

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

ST	ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete		ZACHARY C. JUSTICE	4271 N. 120 24TH AVE	LIGHT HOUSE PT. FL 33064		
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZACHARY C. JUSTICE (954) 943-5299
Date Daytime Phone #

CR2E034 (9/99)

5/5