

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90018 016 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000019712

1. Entity Name

SUSAN M. ZWIESLER, P.A.

Principal Place of Business

**610 W. AZEELE ST.
TAMPA FL 33606**

Mailing Address

**610 W. AZEELE ST.
TAMPA FL 33606**

2. Principal Place of Business

115 S. Newport Ave.
Suite, Apt. #, etc.

3. Mailing Address

115 S. Newport Ave
Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Tampa FL

4. FEI Number

59-3559615

Applied For

Not Applicable

Zip

Country

33606 USA

Zip

Country

33606 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ZWIESLER, SUSAN M

~~610 W. AZEELE ST.~~ **115 S. Newport Ave.**
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Susan M. Zwiesler

Street Address (P.O. Box Number is Not Acceptable)

115 S. Newport Ave

City

Tampa

FL

Zip Code

33606

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 **Susan M. Zwiesler**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/5/02

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, 2002 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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ZWIESLER, SUSAN M**
CITY-ST-ZIP **610 W. AZEELE ST.
TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Susan M. Zwiesler, owner**
STREET ADDRESS **Susan M. Zwiesler**
CITY-ST-ZIP **115 S. Newport Ave.
Tampa FL 33606**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: **Susan M. Zwiesler**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/02 (813) 258-4455
Date Daytime Phone #

CR2E034 (9/01)