

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027949

1. Entity Name
DR. ZINCS HULL MAINTENANCE, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90059 033 ***150.00

Principal Place of Business
2905 BANYAN BLVD CIRCLE NW
BOCA RATON FL 33431

Mailing Address
2905 BANYAN BLVD CIRCLE NW
BOCA RATON FL 33431

ADD77658



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2905 Banyan Blvd Cir NW

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

FL

4. FEI Number

65-0903472

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGEN, ALAN
2905 BANYAN BLVD CIRCLE NW
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-11-00

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

TITLE *CEO*
NAME *CHRIS CANNING*
STREET ADDRESS *12 Bone Fish Ave*
CITY-ST-ZIP *Key Largo, FL 33037*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-00

305-522-3553

Date Daytime Phone #

CR2E034 (5/00)

Attachment

P 99000027949

A0071668

To Whom It May Concern;

I never received the first notice of the Uniform Business Report. I am requesting a one time waiver of the penalty of the Business Report. Enclosed please find my check for 150.00. The cost of the original filing.

Thank You,

 9-11-00

Alan S. Hagen
President of Dr. Zincs Hull Maintenance