

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044005

1. Entity Name

ALEX ZACH PROPERTIES, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90068 029 \*\*\*150.00

Principal Place of Business

Mailing Address

2139 UNIVERSITY DR., STE. 352  
 CORAL SPRINGS FL 33071

2139 UNIVERSITY DR., STE. 352  
 CORAL SPRINGS FL 33071-6134

2. Principal Place of Business

3. Mailing Address

4630 N. UNIVERSITY DR.

4630 N. UNIVERSITY DR.

Suite, Apt. #, etc.  
 # 326

Suite, Apt. #, etc.  
 # 326

City & State  
 CORAL SPRINGS FL

City & State  
 CORAL SPRINGS FL

Zip  
 33067

Country  
 USA

Zip  
 33067

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-09 22041

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

JOHNSON, SCOTT W  
 2139 UNIVERSITY DR., STE. 352  
 CORAL SPRINGS FL 33071

Name  
 JOHNSON, SCOTT W.

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

4630 N. UNIVERSITY DR.

# 326

City

CORAL SPRINGS

FL

Zip Code

33067

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 \$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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MS/T Scott W. JOHNSON
STREET ADDRESS	4630 N. UNIVERSITY DR. # 326
CITY-ST-ZIP	CORAL SPRINGS, FL. 33067
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Samantha JOHNSON
STREET ADDRESS	4630 N. UNIVERSITY DR. # 326
CITY-ST-ZIP	CORAL SPRINGS, FL. 33067
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:

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

SCOTT W. JOHNSON, President

Date

Daytime Phone #

4/28/00  
 954 647 3372

CR2E034 (9/99)