

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079824

1. Entity Name

THE ZERANGUE GROUP, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90024 014 ***150.00

Principal Place of Business

Mailing Address

~~11945 LAURA ROSE CT~~
~~JACKSONVILLE FL 32228~~

~~11945 LAURA ROSE CT~~
~~JACKSONVILLE FL 32223-0764~~

new:

2. Principal *Principal + mailing*

SS

Suite, Ap The Zerangue Group, Inc.
 9612 Sunbeam Center Dr. Ste. C
 City & St Jacksonville, FL 32257

Stc.

Zip Country *USA*

Zip Country

4. FEI Number

EIN# 59-3598380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZERANGUE, FLINT E
 11945 LAURA ROSE CT
 JACKSONVILLE FL 32223

New Address →

7. Name and Address of New Registered Agent

Name *Flint Zerangue*
 Street Address (P.O. Box Number is Not Acceptable)

11148 Stony Point Ln West
 City *Jacksonville* FL Zip Code *32257*

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

TITLE **P** ☐ Delete
 NAME ZERANGUE, FLINT E
 STREET ADDRESS *11148 Stony Point Ln West*
 CITY-ST-ZIP *Jacksonville FL 32257*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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
 STREET ADDRESS
 CITY-ST-ZIP *New Address only*

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

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

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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:

Flint Zerangue Pres *4-24-00*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *904-880-6252*

CR2E034 (9/99)