

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 30, 2000 8:00 am
Secretary of State
 08-30-2000 90005 003 ***150.00

DOCUMENT # **P99000087392**
 1. Entity Name
ZOOAMERICA, INC

Principal Place of Business
PO BOX 1448
NEW PORT RICHEY
FL 34656

Mailing Address
PO BOX 1448
NEW PORT RICHEY
FL 34656

2. Principal Place of Business
 Suite, Apt. #, etc.
AS A Bork
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
AS A Bork
 City & State
 Zip Country

00082498

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ACCOUNTING-TAX HELP INC
8668 PARK BLVD. SUITE A
SKIMMICK FL
33777

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State Zip Code
SAME
FL

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 **M. R. Frewer**
 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 NAME STREET ADDRESS CITY-ST-ZIP	FREWER MICHAEL R 9358 EAST LONGVIEW CT MORAL CITY, FL 34436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **M. R. Frewer** **8-16-00-352 799-8669**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

PO Box 1448

New Port Richey, FL 34656

08/16/00

Dear Sir or Madam,

I was very surprised to learn that you had not received my 2000 Uniform Business Report. I contacted your office and was immediately sent another copy of this form last week. The lady

I spoke to told me to inform you of the situation.

I would also like to add that although we formed this company last year, our business has yet to start - hopefully later this year.

Trusting you will approve the attached form together with check for \$150⁰⁰.

Kind regards.

Sincerely,

