

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090434

1. Entity Name

ZMANANDAN, INC.

APPROVED AND FILED  
00 FEB -8 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1700 66TH STREET NORTH  
UNIT 206  
SAINT PETERSBURG FL 33710

1700 66TH STREET NORTH  
UNIT 206  
SAINT PETERSBURG FL 33710-5510

2. Principal Place of Business

1700 66<sup>th</sup> St. N.

3. Mailing Address

PO Box 132116

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

St. Petersburg

City & State

St. Petersburg

4. FEI Number

59-3608033

Applied For

Not Applicable

Zip  
33710

Country  
USA

Zip  
33733

Country  
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
N/A

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, 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	PD	<input type="checkbox"/> Delete
NAME	FOLEY, WARREN W	
STREET ADDRESS	1700 66TH STREET NORTH #206	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FOLEY, MARYCE M	
STREET ADDRESS	1700 66TH STREET NORTH #206	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800003140598--0	
CITY-ST-ZIP	-02/21/00--01012--008	
	****150.00 ****150.00	
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 like empowered.

SIGNATURE:

*Warren W. Foley Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-894-4600

Daytime Phone #

CR2E034 (9/99)