

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90106 027 ***150.00

DOCUMENT # P99000090434

1. Entity Name

ZMANANDAN, INC,

Principal Place of Business

1700 66TH STREET NORTH, #206
 ST. PETERSBURG FL 33710

Mailing Address

P.O. BOX 13216
 ST. PETERSBURG FL 33733

2. Principal Place of Business

1700 66th St. N.

3. Mailing Address

P.O. Box 13216

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

City & State

St. Petersburg FL.

City & State

St. Pete. FL.

Zip

34221

Country USA

Pinellas

Zip

33733

Country USA

USA

4. FEI Number

59-3603033

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

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

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, 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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	FOLEY, WARREN W	
STREET ADDRESS	1700 66TH STREET NORTH, #206	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FOLEY, MARYCE M	
STREET ADDRESS	1700 66TH STREET NORTH, #206	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 941-723-6700
 Date Daytime Phone #

CR2E034 (10/00)