


FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # S35431 1. Entity Name BARBARA A. ZEPPENFELD P.A.																																			
Principal Place of Business 730 WILD OAK LANE PALM HARBOR, FL 34683		Mailing Address 730 WILD OAK LANE PALM HARBOR, FL 34683																																	
<div>DO NOT WRITE IN THIS SPACE</div>																																			
		<div>Barcode</div> <div>01052005 No Chg-P CR2E034 (10/03)</div>																																	
		4. FEI Number 59-3051345																																	
		Applied For Not Applicable																																	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent ZEPPENFELD, BARBARA A. 730 WILD OAK LANE PALM HARBOR, FL 34683		<div>DO NOT WRITE IN THIS SPACE</div>																																	
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. I am familiar with, and accept the obligations of registered agent.																																			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS		<div>000000210196 02/02/05-80066-025 150.00</div> <div>DO NOT WRITE IN THIS SPACE</div>																																	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																			
SIGNATURE: <i>Barbara A. Zeppenfeld P.A.</i>		Date: 1-31-05																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																																	