

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95547

1. Entity Name

ZEIGLER & NAVARRO, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90098 021 ***150.00

Principal Place of Business

2118 MEADOWBROOK DRIVE
LUTZ FL 33549
US

Mailing Address

2118 MEADOWBROOK DRIVE
LUTZ FL 33549-8457
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0311985

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

ZEIGLER, WILLIAM P.
2118 MEADOWBROOK DR.
LUTZ FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

10940 New Brighton Ct.

We

City

New Port Richey

FL

Zip Code

34654

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

William P. Zeigler

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ZEIGLER, WILLIAM P.	
STREET ADDRESS	2118 MEADOWBROOK DR.	
CITY-ST-ZIP	LUTZ FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZEIGLER, NANCY R.	
STREET ADDRESS	2118 MEADOWBROOK DR.	
CITY-ST-ZIP	LUTZ FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NAVARRO, JOE M.	
STREET ADDRESS	2118 MEADOWBROOK DR	
CITY-ST-ZIP	LUTZ FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NAVARRO, KATHY A.	
STREET ADDRESS	2118 MEADOWBROOK DR	
CITY-ST-ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Zeigler	
STREET ADDRESS	10940 New Brighton Ct.	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Zeigler	
STREET ADDRESS	10940 New Brighton Ct.	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Navarro	
STREET ADDRESS	4350 Flora Ave.	
CITY-ST-ZIP	Holiday FL 34691	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Navarro	
STREET ADDRESS	4350 Flora Ave	
CITY-ST-ZIP	Holiday FL 34691	
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:

William P. Zeigler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)