

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90117 001 \*\*\*150.00

**DOCUMENT # V38125**

1. Entity Name  
**ZEHNDER ENTERPRISES, INC.**



Principal Place of Business  
**26235 HICKORY BLVD.**  
**STE PH-D**  
**BONITA BCH FL 34134**  
**US**

Mailing Address  
**26235 HICKORY BLVD SW**  
**STE PH-D**  
**BONITA BCH FL 34134**  
**US**



2. Principal Place of Business  
**449 Willett Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**449 Willett Avenue**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Naples, Florida**

City & State  
**Naples, Florida**

4. FEI Number **65-0333779**

Applied For  
Not Applicable

Zip Country  
**34108-2100 U.S.A.**

Zip Country  
**34108-2100 U.S.A.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ZEHNDER, JOHN P**  
**26235 HICKORY BLVD. SW**  
**STE PH-D**  
**BONITA BCH FL 34134**

## 7. Name and Address of New Registered Agent

Name  
**Zehnder, John P.**  
Street Address (P.O. Box Number is Not Acceptable)  
**449 Willett Avenue**  
**Naples**  
City **Naples** FL Zip Code **34108**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete  
NAME **ZEHNDER, JOHN**  
STREET ADDRESS **26235 HICKORY BLVD., SW., SUITE PH-D**  
CITY-ST-ZIP **BONITA BCH FL**

TITLE **VPS** ☐ Delete  
NAME **ZEHNDER, LINDA**  
STREET ADDRESS **26235 HICKORY BLVD., SW, SUITE PH-D**  
CITY-ST-ZIP **BONITA BCH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **PT**  
STREET ADDRESS **Zehnder, John P.**  
CITY-ST-ZIP **449 Willett Avenue**  
**Naples, Florida 34108-2100** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **John ZEHNDER** 3-10-03 1239-596-6021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)