

# 2001 UNIFORM BUSINESS REPORT (UBR)

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U12219 AI

DOCUMENT # **K53398**

1. Entity Name  
**GROUND ZERO DESIGNS, INC.**

FILED

01 AUG 15 AM 9:21

Principal Place of Business

**8180 HOPEWELL CT  
LARGO FL 33777  
US**

Mailing Address

**8180 HOPEWELL COURT  
8180 HOPEWELL CT  
LARGO FL 33777  
US**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

**9303 ALICE LANE**

3. Mailing Address

**9303 ALICE LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Riverview FL**

City & State

**Riverview FL**

4. FEI Number

**59-2924117**

Applied For  
Not Applicable

Zip

**33569**

Country

**USA**

Zip

**33569**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAGONI, PEPPE**

**8180 HOPEWELL COURT  
LARGO FL 33777**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

*Pepper Dragoni*

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PDS	<b>DRAGONI, PEPPE</b>	<b>8180 HOPEWELL CT.</b>	<b>SEMINOLE FL</b>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT	<b>DRAGONI, PEPPE</b>	<b>9303 ALICE LANE</b>	<b>RIVERVIEW, FL 33569</b>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Pepper Dragoni* **PEPPE DRAGONI** President **7/24/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

812771-9450

CR2E034 (5/01)

**GROUND ZERO DESIGNS, INC.**

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8180 Hopewell Court  
Largo, Florida 33777

FLORIDA DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL.  
32314

AUGUST 9, 2001

DEAR MS. ASHTON,

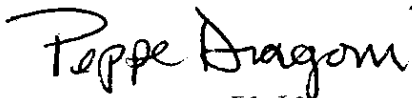
I HAVE ENCLOSED THE 2001 UNIFORM BUSINESS REPORT FOR GROUND ZERO DESIGNS INC. WITH A CHECK FOR \$150.00 FEE.

I AM REQUESTING A WAIVER FOR THE \$400.00 LATE FEE AS MY CORPORATION DID NOT RECEIVE THE THE UBR NOTICE.

FOR THE PAST 13 YEARS, I HAVED RECEIVED THE NOTICES AND PROMPLY PAID THE NORMAL FEE ON TIME.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

SINCERELY,



MS. PEPPE DRAGONI