

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N05376**

1. Entity Name

**ZOM LEE II, INC.**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90870 025 \*\*\*\*61.25

Principal Place of Business <b>151 SOUTHHALL LANE. STE 245/MCCAIN MAITLAND FL 32751-1778</b>	Mailing Address <b>151 SOUTHHALL LANE. STE 245/MCCAIN MAITLAND FL 32751</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>605 E. Robinson St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 420</b>	
City & State		City & State <b>Orlando FL.</b>	
Zip	Country	Zip <b>32801</b>	Country

4. FEI Number <b>59-2599347</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ZOM REALTY INC**  
**2269 LEE ROAD**  
**WINTER PARK FL 32789**

**7. Name and Address of New Registered Agent**

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

**FILE NOW:  
FEE IS \$61.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHIPP RICHARD 2273 LEE RD WINTER PARK FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD SPENCE, SERENA 151 SOUTHHALL LN #245 MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOSCHMAN, ERIC F 2269 LEE ROAD WINTER PARK FL</b>	<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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

**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 617, 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:** SIGNATURE PARTIAL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)

FNWSS 16  
A0060554



**REALTY  
CAPITAL**  
MANAGEMENT, INC.

May 4, 2000

Registration Section Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**RE: 2000 Uniform Business Report**

Dear, Florida Department of State

This is to confirm our telephone conversation on Friday 28, 2000. Few months ago we moved to a new location and we never received our 200 Uniform Business Report. Today we received the form and as instructed we are mailing our payments.

Our new address is: 605 East Robinson Street  
Suite 420  
Orlando, FL 32801

Thank you, for your help and cooperation to this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Francisco Martinez", is written over the typed name and title.

Francisco Martinez  
Director of Accounting

605 East Robinson Street • Suite 420 • Orlando, Florida 32801 • 407.843.7070 Ext. 10 • Fax 407.843.2070  
Licensed Real Estate Broker

**TCN**