2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90083 041 ***150.00

0338879

DOCUMENT # P00000041409

1. Entity Name
ZG CONSULTING, INC.

Principal Place of Business	Mailing Address
100 S ASHLEY DRIVE SUITE 1770 TAMPA FL 33602	100 S ASHLEY DRIVE SUITE 1770 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6200 COURTNEY CAMPBELL CSWY		6200 COURTNEY CAMPBELL CSWY	
Suite, Apt. #, etc.: SUITE 740		Suite, Apt. #, etc.: SUITE 740	
City & State: TAMPA, FL 33607		City & State: TAMPA, FL 33607	
Zip: 33607	Country: USA	Zip: 33607	Country: USA

4. FEI Number 59-3647043 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENDEE, BRETT ESQ
100 S ASHLEY DRIVE SUITE 1770
TAMPA FL 33602

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

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, 2001 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	PRESIDENT, SECRETARY, TREAS. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRYAN J. ZWAN DIRECTOR	NAME	
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	
TITLE	ASST. SECRETARY/TREASURER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRETT HENDEE	NAME	
STREET ADDRESS	100 S. ASHLEY DR., STE. 1770	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: [signature] 4/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #