2001 UNIFORM BUSINESS REPORT (UBR)

1/2

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DOCUMENT # P00000103163

1. Entity Name
ZAFKA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:43

Principal Place of Business	Mailing Address
2305 NE 19TH COURT JENSEN BEACH FL 34957	2305 NE 19TH COURT JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

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 65-1053728 ☐ 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
FLOWERS, ROBERT J CPA 40 EAST OSCEOLA ST STUART FL 34994	Name: James H. Kasper Street Address (P.O. Box Number is Not Acceptable): 2305 NE 19th Court City: Jensen Beach FL Zip Code: 34957

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] President
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KASPER, JAMES H 2305 NE 19TH COURT JENSEN BEACH FL 34957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 REQUIRED James H. Kasper 9/12/2001 561-334-9580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Zafka

PO Box 1848
Jensen Beach, FL
34958

October 16, 2001

Florida Department of State

Dear Sir or Madam:

I am requesting an abatement of the late fees for this Uniform business report. I did not receive the original report, and was unaware I was late until I received this second notice.

Sincerely,

James H. Kasper
President