

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103163

1. Entity Name
ZAFKA, INC.

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

Mailing Address
2305 NE 19TH COURT
JENSEN BEACH FL 34957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FLOWERS, ROBERT J CPA
40 EAST OSCEOLA ST
STUART FL 34994

4. FEI Number

65-1053728

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name JAMES H. KASPER
Street Address (P.O. Box Number is Not Acceptable)
2305 NE 19th Court
City Jansen 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, 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 D
NAME KASPER, JAMES H
STREET ADDRESS 2305 NE 19TH COURT
CITY-ST-ZIP JENSEN BEACH FL 34957

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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Change

Addition

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James H. Kasper 9/12/2001 561-334-9580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:43



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

AD

Zafka

PO Box 1848
Jensen Beach, FL
34958

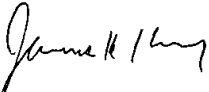
October 16, 2001

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