


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1052

FILED

04 AUG 20 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|---|
| DOCUMENT # P02000034369 1. Entity Name ZEPPLIN HURRICANE SERVICES, INC. |  |
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DO NOT WRITE IN THIS SPACE

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|---|--|
| 2. Principal Place of Business 15665 NW 5 Street Suite, Apt. #, etc. | 3. Mailing Address same Suite, Apt. #, etc. |
|---|--|

| | |
|--|---------------------------------|
| City & State Pembroke Pines, Florida | City & State |
| Zip 33028 | Country United States |

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--|
| 4. FEI Number 04-3629179 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

**DO NOT WRITE
IN THIS SPACE**

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|--|--------------------------|
| 7. Name and Address of Current Registered Agent | |
| Name Spiegel & Utrera, P.A. | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 1840 Coral Way, 4th Floor | |
| City Miami | State FL |
| | Zip Code 33145 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

| | |
|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD John C. Peake 15665 NW 5 Street, Pembroke Pines, FL 33028 |
|--|---|

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|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 100040494651 08/25/04--01034--003 **150.00 |
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with or without other like empowered.

| | | | |
|--|----------------------|----------------|------|
| SIGNATURE:  | John C. Peake | 8-17-04 | Date |
|--|----------------------|----------------|------|

CR2E034B (12/02)

2004

AFFIDAVIT IN SUPPORT OF
REQUEST TO WAIVE THE
FLORIDA DEPARTMENT OF STATE
CORPORATE ANNUAL REPORT LATE FEES

STATE OF FLORIDA)
)
COUNTY OF BROWARD)

1. John C. Peake is a President of ZEPPLIN HURRICANE SERVICES, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation failed to file its 2004 Uniform Business Report or pay the 2004 Uniform Business Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 2.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
3. The Corporation requests the Florida Department of State waive the late fee for the Corporation upon the payment by the Corporation of its 2004 Uniform Business Report filing fee, which are presented simultaneously with this Affidavit.
4. ZEPPLIN HURRICANE SERVICES, INC. satisfies the requirements of the Florida Statutes 607.0401.

Dated: 17 day of Aug., 2004

FURTHER, AFFIANT SAYETH NOT

ZEPPLIN HURRICANE SERVICES, INC.

By: [Signature]
John C. Peake, President

SWORN AND SUBSCRIBED

before me this Aug day of 17, 2004.
John Casey Peake Produced by FOL
Maria Reyes

Notary Public, State of Florida at Large
Printed Name: Maria Reyes
Commission Expires: _____

