

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90129 031 \*\*\*150.00

**DOCUMENT # P93000027958**

1. Entity Name  
**ZONAL HOSPITALITY SYSTEMS, INC.**

Principal Place of Business <b>206 W SYBELIA AVE          MAITLAND FL 32751          US</b>	Mailing Address <b>200 E ROBINSON ST          SUITE 500          ORLANDO FL 32801</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3182544**

Applied For  
 Not Applicable

Zip      Country      Zip      Country

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

**FLORIDA CORPORATE SUPPORT  
 200 EAST ROBINSON ST.  
 STE 500  
 ORLANDO FL 32801**

Name  
**HENDRY, STONER, DELANCETT & BROWN, P.A.**  
 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 *H. Steen Brown* *2/8/02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon 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, 2002 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 NAME VSD MCLEAN, ROBIN A	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 206 W. SYBELIA AVE		STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL 32751		CITY-ST-ZIP	
TITLE NAME PD MCLEAN, REGINALD R	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 206 W. SYBELIA AVE		STREET ADDRESS	
CITY-ST-ZIP MAITLAND FL 32751		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME VP Richard Hammond	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 206 W. Sybelia Ave.	
CITY-ST-ZIP		CITY-ST-ZIP Maitland, FL 32751	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* *3/11/02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)