FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am Secretary of State DOCUMENT # V27683 1. Entity Name ZACHARY'S, INC. 01-15-2002 90026 005 ***150.00 Principal Place of Business Mailing Address 8799 ASTRONAUT BLVD 8799 ASTRONAUT BLVD CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 903296 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3117467 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIGERAKIS. ZACHARIAS Street Address (P.O. Box Number is Not Acceptable) 8799 ASTRONAUT BLVD CAPE CANAVERAL FL 32920 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ■ Addition LIGERAKIS, ZACHARIAS NAME NAME STREET ADDRESS 531 SUNSET LAKES DRIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME LIGERAKIS, ADAMANTIA NAME STREET ADDRESS 531 SUNSET LAKES DRIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 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

SIGNATURE: SIGNATURE: DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date