

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90733 003 ***150.00

DOCUMENT # **527137** ✓

1. Entity Name

ZYVEX INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2290 North CR 427

Suite, Apt. #, etc.

Unit 136

City & State

Longwood, FL 32750

Zip

32750

Country

USA

3. Mailing Address

P. O. Box 952379

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32795-2379

Country

USA

4. FEI Number

59-1731937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ernest F. Clough

Street Address (P.O. Box Number is Not Acceptable)

1280 N. Maryland Street

City

Sanford

FL

Zip Code

32771

**DO NOT WRITE
IN THIS SPACE**

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

3/19/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
WILLIAMS, RICHARD E.
2290 North CR 427, Unit 136
Longwood, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
CLOUGH, ERNEST F.
2290 North CR 427, Unit 136
Longwood, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest F. Clough, President

3/19/02

Date

(407) 331-1666

Daytime Phone #

CR2E034B (12/01)