

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90026 011 ***150.00

DOCUMENT # 548725

1. Entity Name
ZBS, INC.

Principal Place of Business
**340 MANOR DR
 MERRITT ISLAND FL 32952**

Mailing Address
**340 MANOR DR
 MERRITT ISLAND FL 32952**

2. Principal Place of Business

255 FORTENBERRY RD

3. Mailing Address

Suite, Apt., etc. **Suite B-4**

City & State
MERRITT ISLAND FL

City & State

Zip
32952

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1788441**

Applied For
 Not Applicable

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

**ZECMAN, CHARLES H.
 340 MANOR DR
 MERRITT ISLAND FL 32952**

Name **CHARLES H ZECMAN**

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

Suite B-4

City **MERRITT ISL**

FL

Zip Code **32952**

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

Charles H Zecman, Pres 4-12-01

(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 \$150.00
 After MAY 1, 2001 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 **DP** ☐ Delete
 NAME **ZECMAN, LORRAINE G**
 STREET ADDRESS **340 MANOR DR**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **DVP** ☒ Change ☐ Addition
 NAME **LORRAINE G ZECMAN**
 STREET ADDRESS **255 FORTENBERRY RD. Suite B-4**
 CITY-ST-ZIP **MERRITT ISL FL 32952**

TITLE **DST** ☐ Delete
 NAME **ZECMAN, CHARLES H**
 STREET ADDRESS **340 MANOR DR**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **DPS** ☒ Change ☐ Addition
 NAME **CHARLES H ZECMAN**
 STREET ADDRESS **255 FORTENBERRY RD Suite B-4**
 CITY-ST-ZIP **MERRITT ISL FL 32952**

TITLE **DVP** ☒ Delete
 NAME **PICOS, LORIANN Z**
 STREET ADDRESS **340 MANOR DR.**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles H Zecman, Pres 4-12-01
 321-459-9333**

Date

Daytime Phone #

CR2E034 (10/00)