

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90242 030 ***150.00

DOCUMENT # 672550

1. Entity Name

ZASADA PRINTING, INC.

Principal Place of Business

Mailing Address

**1255 BELLE AVE.
 SUITE 124
 WINTER SPRINGS FL 32708**

**202 WAVERLY DR
 SUITE 124
 FERN PARK FL 32730
 US**

2. Principal Place of Business

3. Mailing Address

202 WAVERLY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FERN PARK FL

Zip

Country

Zip

Country

32730

4. FEI Number

59-2004633

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

**ZASADA, ROBERT R I.
 1255 BELLE AVE.
 SUITE 124
 WINTER SPRINGS FL 32708**

Name

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 **Robert R Zasada I sr**

4.27.2002

Signature, typed or printed name of registered agent and title if applicable.

(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, 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 **PS** ☐ Delete
 NAME **ZASADA, ROBERT R I.**
 STREET ADDRESS **202 WAVERLY DR**
 CITY-ST-ZIP **FERN PARK FL**

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

TITLE **TVP** ☐ Delete
 NAME **ZASADA, ROBERT R II**
 STREET ADDRESS **202 WAVERLY DRIVE**
 CITY-ST-ZIP **FERN PARK FL**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

Robert R Zasada I sr (SR)

4.27.2002

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)