2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2001 8:00 am³ Secretary of State **DOCUMENT # 720451** 1. Entity Name ZAPTINC. 05-10-2001 90073 029 ****61.25 Principal Place of Business Mailing Address 927 S CENTRAL AVE 927 \$ CENTRAL AVE APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BOYKIN, BARBARA A **405 SHELBY COURT** APOPKA FL 32712 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Fresident Delete TITLE NAME JUSTICE, JOYCE nary F. Bridges NAME STREET ADDRESS STREET ADDRESS 5164 BARNEGAT POINT RD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32703 TITLE Change Addition PD ☐ Delete TITLE NAME WILLIS, DAISY STREET ADDRESS STREET ADDRESS DAISY LANE CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 Change ☐ Addition TITI F **VPD** ☐ Delete TITLE NAME NAME MORRIS. ROSE STREET ADDRESS STREET ADDRESS 1368 CENTRAL AVE. CITY-ST-7IP CITY-ST-ZIP APOPKA FL 32703 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME WYNN, BERNICE STREET ADDRESS STREET ADDRESS 110 EAST 15TH ST. CITY-ST-7IP CITY-ST-ZIP APOPKA FL 32703 Margret Robinson Change TITLE TITLE 💢 Delete NAME NAME ROBINSON, MARGARET STREET ADDRESS STREET ADDRESS 109 CELESTE ST. CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #