

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90373 004 ****61.25

DOCUMENT # 720451

1. Entity Name

Z A P T INC.



Principal Place of Business

**927 S CENTRAL AVE
APOPKA FL 32703**

Mailing Address

**927 S CENTRAL AVE
APOPKA FL 32703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOYKIN, BARBARA A
405 SHELBY COURT
APOPKA FL 32712**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Barbara A. Boykin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME **MARTIN, JAQUELYN**
STREET ADDRESS **17 EAST 15TH STREET**
CITY-ST-ZIP **APOKA FL 32703**

PD ☒ Delete
NAME **WILLIS, DAISY**
STREET ADDRESS **DAISY LANE**
CITY-ST-ZIP **APOPKA FL 32703**

VPD ☒ Delete
NAME **MORRIS, ROSE**
STREET ADDRESS **1368 CENTRAL AVE.**
CITY-ST-ZIP **APOPKA FL 32703**

D ☐ Delete
NAME **WYNN, BERNICE**
STREET ADDRESS **110 EAST 15TH ST.**
CITY-ST-ZIP **APOPKA FL 32703**

P ☐ Delete
NAME **BRIDGES, MARY**
STREET ADDRESS **164 M.A BOARD STREET**
CITY-ST-ZIP **APOPKA FL 32703**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Change ☐ Addition
NAME **MARTIN, JAQUELYN**
STREET ADDRESS **17 EAST 15TH STREET**
CITY-ST-ZIP **APOPKA, FLORIDA, 32703**

D ☒ Change ☐ Addition
NAME **WILLIS, DAISY**
STREET ADDRESS **223 W. 10th St.**
CITY-ST-ZIP **APOPKA, FL 32703**

D ☒ Change ☐ Addition
NAME **Rose Morris**
STREET ADDRESS **1368 Central Ave.**
CITY-ST-ZIP **APOPKA FL 32703**

D ☐ Change ☐ Addition
NAME **Berniece Wynn**
STREET ADDRESS **110 E. 15th St.**
CITY-ST-ZIP **APOPKA, FL 32703**

P ☐ Change ☐ Addition
NAME **Mary Bridges**
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME **Mary Bridges**
STREET ADDRESS **164 M.A. Board St.**
CITY-ST-ZIP **APOPKA FL 32703**

12. 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 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.

SIGNATURE:

Mary Bridges

4/25/03 - 407-889-8308

CR2E037 (10/02)