

**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

0010905/

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, JAQUELYN	
STREET ADDRESS	17 EAST 15TH STREET	
CITY-ST-ZIP	APOKA, FL 32703	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, DAISY	
STREET ADDRESS	DAISY, LANE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, ROSE	
STREET ADDRESS	1368 CENTRAL AVE.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYNN, BERNICE	
STREET ADDRESS	110 EAST 15TH ST.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRIDGES, MARY	
STREET ADDRESS	164 M.A BOARD STREET	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAQUELYN	
STREET ADDRESS	17 EAST 15TH STREET	
CITY-ST-ZIP	APOPKA, FLORIDA, 32703	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, DAISY	
STREET ADDRESS	223 W. 10th St.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rose Morris	
STREET ADDRESS	1368 Central Ave.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berniece Wynn	
STREET ADDRESS	110 E. 15th St.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Bridges	
STREET ADDRESS	164 M.A. Board St.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 - 407-889-8308

CR2E037 (10/02)