

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90068 001 ***158.75

DOCUMENT # F00000005871

1. Entity Name
ZAPWORLD.COM, INC.

Principal Place of Business Mailing Address
117 MORRIS STREET 117 MORRIS STREET
SEBASTOPOL CA 95472 SEBASTOPOL CA 95472

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-3210624**

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

FURBISH, TOM
984 S.W. 13TH COURT
POMPAHO BEACH FL 33069

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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	C	<input type="checkbox"/> Delete
NAME	SWANSON, ROBERT E	
STREET ADDRESS	117 MORRIS STREET	
CITY-ST-ZIP	SEBASTOPOL CA 95472	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, DOUGLAS R	
STREET ADDRESS	117 MORRIS STREET	
CITY-ST-ZIP	SEBASTOPOL CA 95472	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANNELLA, LEE M.D.	
STREET ADDRESS	117 MORRIS STREET	
CITY-ST-ZIP	SEBASTOPOL CA 95472	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERS, WILLIAM	
STREET ADDRESS	117 MORRIS STREET	
CITY-ST-ZIP	SEBASTOPOL CA 95472	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DABLES, JOHN	
STREET ADDRESS	117 MORRIS STREET	
CITY-ST-ZIP	SEBASTOPOL CA 95472	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUTCHINS, ANDREW	
STREET ADDRESS	117 MORRIS STREET	
CITY-ST-ZIP	SEBASTOPOL CA 95472	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM HARTMAN	
STREET ADDRESS	117 MORRIS ST.	
CITY-ST-ZIP	SEBASTOPOL, CA. 95472	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY STARR	
STREET ADDRESS	117 MORRIS ST.	
CITY-ST-ZIP	SEBASTOPOL, CA. 95472	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

GARY STARR 4/12/2001 707-824-4150

Date Daytime Phone #

CR2E034 (10/00)