

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90107 009 ***550.00

0656332 AT

DOCUMENT # F01000002132

1. Entity Name
ZACHRY VENTURES, INC.



Principal Place of Business
**527 LOGWOOD
SAN ANTONIO TX 78224**

Mailing Address
**PO BOX 240130
SAN ANTONIO TX 78224-0130**

2. Principal Place of Business
527 Logwood

3. Mailing Address
P.O. Box 240130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SAN ANTONIO, TEXAS

City & State
SAN ANTONIO

4. FEI Number **74-2992907**

Applied For
Not Applicable

Zip
78221-1738

Country
US

Zip
78224-0130

Country
US

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZACHRY, DAVID S 527 LOGWOOD SAN ANTONIO TX 78221-1738 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTCO EBROM, CHARLES 527 LOGWOOD SAN ANTONIO TX 78221-1738 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JOHNSTON, MURRAY L JR. 310 SO. ST. MARY'S STREET, SUITE 2600 SAN ANTONIO TX 78205-3108 | <input type="checkbox"/> Delete |
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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 607, 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: CHARLES EBROM Charles Ebrom 5/1/03 210 475 8214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)