OR PROFIT CORPORATION BUSINESS REPORT (UBR)

DOCL	JMENT	#
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F02000000854

1. Entity Name ZONED IN, INC.				FILED 03 OCT 14 PH 3	12		
Principal Place of Business 398 WEST CAMINO GARDENS BLVD SUITE 110 BOCA RATON FL 33432 Mailing Address 398 WEST CAMINO GARD BOCA RATON FL 33432 BOCA RATON FL 33432		dens blvd., suite	110	SECRETARY OF STA TALLAHASSEE, FLOO			
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State City & State				4. FM Number 0833369	Applied For Not Applicable		
Zip	Country	Zip	Country			Additional	
- (6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Begistered Agent	<u> </u>	
			Name	Name ,			
200	AWRENCE T		Street 4	Street Address (P.O. Box Number is Not Acceptable)			
398 WES	T CAMINO GARDENS BLVD., SUIT	E 110	Julion	7	8 W. Comins Copross C	ted	
BOCA RA	TON FL 33432			<u> </u>			
	· , · .		City	\sim	Del VI El IZio	Code	
				SOCA	Kota, FL FL ZIB	3452	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office o	r registere	d agent, or both, in the State of Florida. I am familiar	with, and accept	
The conganous of registered agents,			W V		10-10-0	ッマ	
SIGNATURE Signature, typep of printed name of registered agent and the if applicable. (NOTE: Reg			E: Registered Agent signal	ura racuitad u		<u></u>	
		and two applicable. (NOT	c. negistered Agent signal	nie radolieo w	Well relisating)		
F After Se	ILE NOW!! FEE IS \$550.00) ptember 10, 2003 Fee will be \$750				9. Election Campaign Financing	5.00 May Be	
Make Check	k Payable to Florida Department o	.00 f State			Trust Fund Contribution.	dded to Fees	
Make Check	k Payable to Florida Department o	State	T 11.		Trust Fund Contribution.	dded to Fees	
Make Check	PCD	DIRECTORS	11.		Trust Fund Contribution. A ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 11	
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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 eignature 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP