5/8

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State
05-08-2002 90124 010 ***150.00

DOCUMENT # F02604

1. Entity Name

THOMAS A. ZACCOUR ENTERPRIZES, INC.

33686

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3027 DAWN Rd	3027 DAWN Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
JACKSONVILLE,	JACKSONVILLE
City & State	City & State
FLORIDA	FLORIDA
Zip: 32207 Country: USA	Zip: 32207 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 592128460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THOMAS A. ZACCOUR

Street Address (P.O. Box Number is Not Acceptable): 8307 RIDING CLUB Rd.

City: JACKSONVILLE, FL Zip Code: 32256

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: Thomas A. Zaccour Thomas A. Zaccour Same as Last.
VOL. Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DP
NAME	ZACCOUR, THOMAS, A., II
STREET ADDRESS	3027 DAWN Rd.
CITY-ST-ZIP	JACKSONVILLE, FLA. 32207
TITLE	VP
NAME	ZACCOUR, THOMAS A.
STREET ADDRESS	3027 DAWN Rd.
CITY-ST-ZIP	JACKSONVILLE, FLA. 32207

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with an other like empowered.

SIGNATURE: Thomas A. Zaccour. 4/24/02 904-731-3138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #