

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003410

1. Entity Name

ZAP HOLDINGS, L.L.C.

FILED

01 JUL 19 AM 8:47

Principal Place of Business

Mailing Address

877 EXECUTIVE CENTER DRIVE WEST
STE 303
ST PETERSBURG FL 33702

877 EXECUTIVE CENTER DRIVE WEST
STE 303
ST PETERSBURG FL 33702

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1901 Ulmerton Rd

1901 Ulmerton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 750

Suite 750

City & State

City & State

Clearwater, FL

Clearwater, FL

4. FEI Number

59-3634528

Applied For

Not Applicable

Zip

Country

33762

Pinellas

Zip

Country

33762

Pinellas

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, D. LOCKWOOD
201 N. FRANKLIN ST., 22ND FL
TAMPA FL 33602

Name

Lisa Smithson

Street Address (P.O. Box Number is Not Acceptable)

1901 Ulmerton Rd

City

Suite 750

Clearwater

FL

Zip Code

33762

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

200004493312--3

-07/24/01--01048--013

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Daniel M. Doyle, Jr.
1901 Ulmerton Rd, Ste 750
Clearwater, FL 33762

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE