2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012920

1. Entity Name

Zatasa Capital, LLC

FILED
01 MAY -2 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2704 Rew Circle Ste. 105 Ocoee, FL	2704 Rew Circle Ste. 105 Ocoee, FL 34761

2. Principal Place of Business	3. Mailing Address
2710 Rew Circle	2710 Rew Circle
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Ocoee, FL	City & State Ocoee, FL
Zip 34761 Country US	Zip 34761 Country US

4. FEI Number — ✓ Applied For ☐ Not Applicable

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
E. Nicholas Davis, III 2704 Rew Circle Suite 105 Ocoee, FL 34761	Name E. Nicholas Davis, III Street Address (P.O. Box Number is Not Acceptable) 2710 Rew Circle Ste. 100 City Ocoee FL Zip Code 34761

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] 4/30/01
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

100004503381--9
-05/24/01--01010--026
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME EN DAVIS III STREET ADDRESS 2704 Rew Circle, Ste. 105 CITY-ST-ZIP Ocoee, FL 34761	☐ Delete	TITLE MGRM NAME E. Nicholas Davis, III STREET ADDRESS 2710 Rew Circle, Ste. 100 CITY-ST-ZIP Ocoee, FL 34761	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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] 4/30/01