

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90981 033 \*\*\*\*50.00

**DOCUMENT # L01000011860**

1. Entity Name  
**ZEE II, LLC**

Principal Place of Business  
**210 HYDE PARK PLACE. #2**  
**TAMPA FL 33606**

Mailing Address  
**210 HYDE PARK PLACE. #2**  
**TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

**13932 SHADY SHORES DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TAMPA**

Zip

Country

Zip

**FL**

Country

**33613**

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

**SZABO, STEPHEN J III**  
**100 NORTH TAMPA ST., STE. 2700**  
**TAMPA FL 33602**

Name

**RHODA ZUSMAN**

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

**13932 SHADY SHORES DR**

City

**TAMPA**

**FL**

Zip Code

**33613**

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

*Rhoda Zusman*

**RHODA ZUSMAN**

**3/09/02**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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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

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: *Rhoda Zusman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**03/09/02** **(813) 962-3854**  
 Date Daytime Phone #

0018216

CR2E083 (9/01)