

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/26/2003-90001-027-\$50.00-\$50.00

DOCUMENT # L02000025200

1. Entity Name

ZAP L.L.C.



FILED

03 OCT 20 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
C/O MR. JIRI TABORSKY  
9808 28TH AVENUE EAST  
PALMETTO FL 34221

Mailing Address  
C/O MR. JIRI TABORSKY  
9808 28TH AVENUE EAST  
PALMETTO FL 34221

2. Principal Place of Business  
9808 28TH Ave E  
Suite, Apt. #, etc.

3. Mailing Address  
9808 28TH Ave E  
Suite, Apt. #, etc.

City & State  
PALMETTO, FL

City & State  
~~FL~~ PALMETTO, FL

Zip  
34221

Country  
USA

Zip  
34221

Country  
USA

4. FEI Number  
13-4267447

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
PEREZ, DANIEL JR  
701 BAYSHORE BLVD STE. 202  
TAMPA FL 33606-2743

7. Name and Address of New Registered Agent  
Name: JIRI TABORSKY  
Street Address (P.O. Box Number is Not Acceptable)  
9808 28TH Ave E  
City: PALMETTO FL Zip Code: 34221

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 09-24-2003

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNETT, BLANKA TABORSK 1308 BALFOUR DOWNS CIR FUQUAY VARINA NC 27526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TABORSKY, JIRI 9808 28TH AVENUE EAST PALMETTO FL 34221	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLURE, CHARLES A 160 KENDAL DR. STE. 1008 LEXINGTON VA 24450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* DATE: 09-24-2003

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

CP2E083 (4/03)