

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90010 030 ***150.00

0372968

DOCUMENT # L10937

1. Entity Name.
Z Aidan Enterprises, Inc.

Principal Place of Business 7725 ULMERTON ROAD LARGO FL 34644	Mailing Address 7725 ULMERTON ROAD LARGO FL 34644
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2. Principal Place of Business 14803 PATTERSON ROAD	3. Mailing Address 14803 PATTERSON RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ODESSA, FL	City & State ODESSA FL
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Zip 33556	Country HILLSBOROUGH	Zip 33556	Country HILLSBOROUGH
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4. FEI Number 59-2965087	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Z Aidan, Adam S
14803 PETERSON RD
ODESSA FL 33556

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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: *Adam S Zaidan* (NOTE: Registered Agent signature required when reinstalling) DATE: _____

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	Z Aidan, Adam S	
STREET ADDRESS	2400 FEATHER SOUND DRIVE, #735	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Z Aidan, Adam S	
STREET ADDRESS	14803 PATTERSON ROAD	
CITY-ST-ZIP	ODESSA, FL 33556	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Adam S Zaidan* **ADAM ZAIDAN** **4-1-01** **813 792-8844**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)