## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # L33348** May 02, 2000 8:00 am 1. Entity Name Secretary of State ZEAVALDEN SERVICES, INC. 05-02-2000 90151 032 \*\*\*150.00 Principal Place of Business Mailing Address 2500 W 5TH STREET 2500 WEST 5TH STREET FERNANDINA BEACH FL 32034-2033 Fernandina Beach FL 32034 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State FEI Number 59-2980367 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLLOWAY, DEANNA M. Street Address (P.O. Box Number is Not Acceptable) 2500 W. 5TH ST. V-3 FERNANDINA BEACH FL FL 32034 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE Delete TITLE NAME HOLLOWAY, DEANNA M. NAME STREET ADDRESS STREET ADDRESS 2500 W 5TH ST. CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete HOLLOWAY, DEANNA M. NAME NAME STREET ADDRESS STREET ADDRESS 2500 W. 5TH ST. CITY-ST-7IP CITY-ST-ZIP FERNANDINA BEACH FL ☐ · Change · ☐ Addition Delete\* TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE . Delete NAME STREET ADDRESS 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.

DEANNA M.