

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005134

1. Entity Name

ZTCP, LLC

FILE # 5500  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 PM 12:01

Principal Place of Business

328 GREEN ACRES DRIVE  
DEFUNIAK SPRINGS FL 32433

Mailing Address

328 GREEN ACRES DRIVE  
DEFUNIAK SPRINGS FL 32433-7996



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONTGOMERY, WAYNE  
328 GREEN ACRES DRIVE  
DEFUNIAK SPRINGS FL 32433

Name

William R. Wright

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

328 Green Acres Dr

City

DeFuniak Springs FL

Zip Code

32433

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, 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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR  
NAME WRIGHT, WILLIAM R  
STREET ADDRESS 328 GREEN ACRES DRIVE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)