

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005134

1. Entity Name
ZTCP, LLC

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
328 GREEN ACRES DRIVE
DEFUNIAK SPRINGS FL 32433

Mailing Address
328 GREEN ACRES DRIVE
DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

59-3501205

4. FEI Number

APPLIED FOR

Applied For
Not Applicable

Zip
32435

Country

Zip
32435

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

WRIGHT, WILLIAM R
328 GREEN ACRES DRIVE
DEFUNIAK SPRINGS FL 32433

Name

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

City

FL Zip Code
32435

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 *William R Wright*
Signature, typed or printed name of registered agent and title if applicable.

William R Wright

(NOTE: Registered Agent signature required when reinstating)

4/20/01
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004422056--8
-06/15/01--01040--012
*****55.00 *****55.00

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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: *William R Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/01 880-678-4471
Date Daytime Phone #

0024969 AF

CR2E083 (11/00)