

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

**DOCUMENT #** L99000009262

**1. Entity Name**  
Z-LANDIA, LLC

00 APR 21 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business** **3. Mailing Address**

13014 N. DALE MARY HWY  
Suite, Apt. #, etc.  
SUITE 356

SAME  
Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State

Zip  
33618

Country

Zip

Country

**4. FEI Number** **Applied For**

59-3616772

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Name  
GEOFFREY TODD HODGES

Street Address (P.O. Box Number is Not Acceptable)  
905 SHADED WATER WAY

City  
LUTZ

FL

Zip Code  
33549

**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) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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:** Kim M. SCHWENCKE **4-19-00** **813-269-0899x102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/1/99)