FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # M83859** Z. & J. ENTERPRISES, INC. 04-04-2001 90056 016 ***150.00 Principal Place of Business Mailing Address % ZACHARY H. STAGGS % ZACHARY H. STAGGS 913 IRONWOOD RD. 913 IRONWOOD RD. N PALM BEACH FL 33408 N PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address 15182 73 rd 15782 73rd Terrace N Terrace N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS City & State 4. FEI Number 65-0055044 Applied For PALM BEACH GARDENS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33418-7408 us Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STAG65 ZACHARY H. STAGGS, ZACHARY H. Street Address (P.O. Box Number is Not Acceptable) 913 IRONWOOD RD. N PALM BEACH FL 33408 13rd Terrace N. 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE □ Delete STAGGS, ZACHARY H. 15782 73 H. TETTOCE N. STAGGS, ZACHARY H. STREET ADDRESS 913 IRONWOOD RD. STREET ADDRESS PALM BEACH GARDENS, FL 33418-7408 CITY-ST-ZIP CITY-ST-ZIP N PALM BEACH FL TITLE ☐ Delete TITLE STAGGS, M. HADEN NAME NAME 10151 DOGWOOD AVE STREET ADDRESS STREET ADDRESS PALM BCH GDNS FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: M. HADEN STAGES

SIGNATURE AND TYPED OR PRINCEDURAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

561-622-4928

Daytime Phone #