

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90314 001 \*\*\*\*\*8.75  
03-28-2003 90314 002 \*\*\*\*\*61.25

**DOCUMENT # N02000007120**

1. Entity Name

**ZIG ZAG RESEARCH REPORTS INC**



Principal Place of Business

**2713 WASHINGTON RD  
VALRICO FL 33594**

Mailing Address

**2713 WASHINGTON RD  
VALRICO FL 33594**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**55-0794877**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WOODSON, JERRY  
2713 WASHINGTON RD  
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name

**Charity Woodson**

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

**2713 Washington Rd**

City

**Valrico, FL**

FL

Zip Code

**33594**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Charity Woodson**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PMP	<input checked="" type="checkbox"/> Delete
NAME	WOODSON, JERRY	
STREET ADDRESS	2713 WASHINGTON RD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	S/T	<input checked="" type="checkbox"/> Delete
NAME	WOODSON, DELONES	
STREET ADDRESS	2713 WASHINGTON RD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	PMP	<input checked="" type="checkbox"/> Delete
NAME	Woodson, Delones	
STREET ADDRESS	2713 Washington Rd	
CITY-ST-ZIP	Valrico, FL	
TITLE	P ST	<input checked="" type="checkbox"/> Delete
NAME	Charity Woodson	
STREET ADDRESS	2713 Washington Rd	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	William Woodson	
STREET ADDRESS	2713 Washington Rd	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:

**Charity Woodson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-08-03 (83) 247-1712**

Date Daytime Phone #

CR2E037 (10/02)