

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90351 023 ****61.25

0056804

DOCUMENT # N29593

1. Entity Name

ZEK CORPORATION

Principal Place of Business

6851 WIRE RD.
 ZEPHYRHILLS FL 33540-1655
 US

Mailing Address

6851 WIRE RD
 ZEPHYRHILLS FL 33540-1655
 US

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

59-2806594

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HATFIELD, ROBERT F
13405 10TH STREET
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name
R. MICHAEL RITCHIE
 Street Address (P.O. Box Number is Not Acceptable)
6531 FOXMOOR DR.

City
ZEPHYRHILLS, FL Zip Code
33541

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

R. Michael Ritchie

R. MICHAEL RITCHIE

4-9-01

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

(NOTE: Registered Agent signature required when reinstating)

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATFIELD, ROBERT F	
STREET ADDRESS	13405 10TH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENE, E J	
STREET ADDRESS	3237 DIANA DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACHADO, GEORGE	
STREET ADDRESS	5150 FLOWER ST	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. MICHAEL RITCHIE	
STREET ADDRESS	6531 FOXMOOR DR.	
CITY-ST-ZIP	ZEPHYRHILLS, FL. 33541	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN HOPKINS	
STREET ADDRESS	4204 INTERLAKE DR.	
CITY-ST-ZIP	TAMPA, FL. 33688	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT W. SHAFFER	
STREET ADDRESS	29929 BRIARTHORN LOOP	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544	
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)(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 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 like empowered.

SIGNATURE:

R. Michael Ritchie

R. MICHAEL RITCHIE

4/9/01

813-782-1535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)