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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-14-2002 90343 030 ***150.00

DOCUMENT # P00000041657

1. Entity Name

GZ BOWLING, INC

DO NOT WRITE IN THIS SPACE

91006

2. Principal Place of Business	3. Mailing Address
4851 DAIRY RD Suite, Apt. #, etc.	4851 DAIRY RD Suite, Apt. #, etc.
City & State MELBOURNE, FL	City & State MELBOURNE, FL
Zip 32904 Country BREVARD	Zip 32904 Country BREVARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3642099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name SAMUEL A. ZURICH

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

4851 DAIRY RD

City MELBOURNE FL Zip Code 32904

DO NOT WRITE IN THIS SPACE

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] SAMUEL A. ZURICH 5/6/02

Signature of new or former registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

DIR/S/T ZURICH, SAMUEL 4851 DAIRY RD MELBOURNE, FL 32904	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D/V/P GUZZARDO, JOHN 4851 DAIRY RD MELBOURNE, FL 32904	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SAMUEL ZURICH PRESIDENT 5/6/02 (321) 724-2334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #