

APR-30-2003 WED 02:12 PM

FAX NO.

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91163 025 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000041657

1. Entity Name:

GZ BOWLING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4851 Dairy Road

3. Mailing Address

4851 Dairy Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Melbourne, FLCity & State  
Melbourne, FL

4. FEI Number

59-3642099

Applied For

Not Applicable

Zip  
32904Country  
USAZip  
32904Country  
USA5. Certificate of Status Desired ☐\$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Samuel A. Zurich

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

4851 Dairy Road

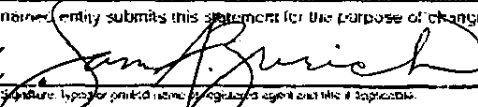
City Melbourne

FL

Zip Code  
32904

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



Samuel A. Zurich, Reg. Agent

4/30/03

Signature: Type or print name of registered agent and title if applicable.

NOTE: Registered Agent Signature Required on this report.

DATE

9. This corporation is eligible to satisfy its intangible  
tax filing requirement and elects to do so  
(See criteria on back) ☐10. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D/P/S/T

Zurich, Samuel A.

4851 Dairy Road, Melbourne, FL 32904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

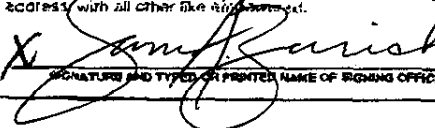
DVP

Guzzardo, John

4851 Dairy Road, Melbourne, FL 32904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPDO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 information.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel A. Zurich, President

4/30/03

321-724-2334

Doc

Registration Fee