APR-30-2003 WED 02:12 PM FAX NO.

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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	3. Mailing Address
4851 Dairy Road	4851 Dairy Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32904 Country: USA	Zip: 32904 Country: USA

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

DO 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required by law.) 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	D/VP Guzzardo, John 4851 Dairy Road, Melbourne, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO 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)(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: Samuel A. Zurich, President 4/30/03 321-724-2334

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