## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P00000042112

1. Entity Name

## ZAPOR ENTERPRISES INC



Principal Place of Business 2303 LOMA LINDA STREET

SARASOTA FL 34239

City & State

Zip

Mailing Address

City & State

Zip

2303 LOMA LINDA STREET SARASOTA FL 34239

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	L COILO, FIDI, 17, CIO.

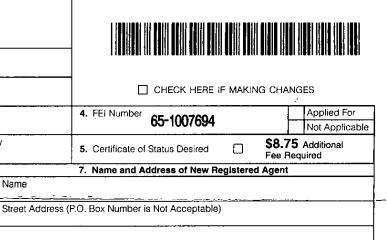
6. Name and Address of Current Registered Agent

Country

yolanda m. Czerwinski ea pa

4492 GOLDEN LAKE DRIVE SARASOTA FL 34233 FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90147 049 \*\*\*150.00



DATE

١.	t. 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.	

City

Country

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS 11.

TITLE P Delete TITLE

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAPOROWSKI, EUGENIUSZ 2303 LOMA LINDA STREET SARASOTA FL 34239	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS GITY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	☐ Change ☐	Addition

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 607, 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.

CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP

STENATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/03

941 365 5494

Daytime Phone #

(R2E034 (10/02)