

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name **ZIPP TRANSPORT INC**

PO0000053237

FILED

01 MAY 24 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **8054 WASHINGTON ST**
Mailing Address: **SAME**
PORT RICHEY FL 34668

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: **PORT RICHEY FL**

Zip: **34668** Country: **USA**

4. FEI Number: Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

ac 5/24

6. Name and Address of Current Registered Agent
JAMES F HAGNER
8054 WASHINGTON ST
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent
Name: **ALAN PETZOLD**
Street Address (P.O. Box Number is Not Acceptable): **8054 WASHINGTON ST**
City: **PORT RICHEY FL** Zip Code: **34668**

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]* DATE: **5/21/01**

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE: PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME: WILLIAM A. MORGAN	
STREET ADDRESS: 8054 WASHINGTON ST	
CITY-ST-ZIP: PORT RICHEY FL 34668	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	
TITLE: <input type="checkbox"/> Delete	
NAME: <input type="checkbox"/> Delete	
STREET ADDRESS: <input type="checkbox"/> Delete	
CITY-ST-ZIP: <input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALAN PETZOLD	
STREET ADDRESS: 8054 WASHINGTON ST	
CITY-ST-ZIP: PORT RICHEY FL 34668	
TITLE: SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ALAN PETZOLD	
STREET ADDRESS: 8054 WASHINGTON ST	
CITY-ST-ZIP: PORT RICHEY FL 34668	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **ALAN PETZOLD** DATE: **5/21/01** PHONE: **771-847-6718**

CR2E034 (11/00)