FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P0000080219 ZACK, INC. 2-28-2001 90045 045 ***150.00 Principal Place of Business Mailing Address 707 DEL WERR BOULEVARD WEST 707 DEL WEBB BOULEVARD WEST SUN CITY CENTER FL 93573 SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address 6508 6361 COCOA U.S. HWY Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 3673/35 APOLLO BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required HILLS BOROUG A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PYLE, TERRENCE F Street Address (P.O. Box Number is Not Acceptable) 707 DEL WEBB BOULEVARD WEST SUN CITY CENTER FL 33573 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE D. X Delete TITLE P, T, DX Addition MICHAEL ZAHORSKY, JR. 6361 COCOA LANE NAME PYLE, TERRENCE F NAME STREET ADDRESS STREET ADDRESS 707 DEL-WEBB BOULEVARD WEST CITY-ST-ZIP CITY-ST-7IP APOLLO BEACH, FL 33572 SUN CITY CENTER FL 33573 ☐ Delete TITLE ☐ Change X Addition TITE F SHARON ZAHORSKY NAME NAME STREET ADDRESS STREET ADDRESS 6361 COCOA LANE APOLLO BEACH, FL 33572 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

2-22-01 (813)645-7946
Devine Phone #