

9/5/01-90080-001-\$150.00-\$150.00  
 \* 9/5/01-90080-002-\$400.00-\$400.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000091676

1. Entity Name  
**ZACH THOMAS ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
 1051 N.W. 122ND AVENUE 1051 N.W. 122ND AVENUE  
 PLANTATION ACRES FL 33323 PLANTATION ACRES FL 33323

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 # 398

City & State City & State  
 Sunrise, FL Sunrise, FL  
 Zip Country Zip Country  
 33323 USA

6. Name and Address of Current Registered Agent  
 THOMAS, ZACH  
 1051 N.W. 122ND AVENUE  
 PLANTATION ACRES FL 33323

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**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 NAME STREET ADDRESS CITY-ST-ZIP	*President Zach Thomas 12717 W. Sunrise Blvd. # 398 Sunrise, FL 33323 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bart Thomas 7011 Columbia Amarillo, Texas 79109 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 information.

SIGNATURE: Zach Thomas President Date: 4/14/01 Daytime Phone #: 954-560-2554

FILED  
 01 OCT 30 PM 12:00  
 78032  
 SECRETARY OF STATE  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

002707

CR2E034 (10/00)