

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116552

1. Entity Name

ZEKE & ASSOCIATES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90249 001 ***150.00

Principal Place of Business

Mailing Address

431 VIZCAYA CT
MELBOURNE FL 32941

431 VIZCAYA CT
MELBOURNE FL 32941

2. Principal Place of Business

431 VIZCAYA CT
Suite, Apt. #, etc.

3. Mailing Address

431 VIZCAYA CT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Melbourne, FL
Zip: 32940 Country: USA

City & State

Melbourne Fla
Zip: 32940 Country: USA

4. FEI Number

05-1062793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, W GRAHAM
250 PARK AVE S, 5TH FLOOR
WINTER PARK FL 32789

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	GOLSOM, RALPH	
STREET ADDRESS	1628 SPRUCE AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Golson, Ralph	
STREET ADDRESS	431 VIZCAYA CT	
CITY-ST-ZIP	MELBOURNE, FLA 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

321-751-9235

Daytime Phone #

CR2E034 (10/00)