

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90069 038 \*\*\*150.00

**DOCUMENT # P00000116552**

**1. Entity Name,**  
**ZEKE & ASSOCIATES, INC.**

**Principal Place of Business**

**431 VIZCAYA CT.**  
**MELBOURNE FL 32940**

**Mailing Address**

**431 VIZCAYA CT.**  
**MELBOURNE FL 32940**

**2. Principal Place of Business**

**6300 NORTH WICKHAM RD**  
**SUITE 130-199**

**CITY & STATE**  
**MELBOURNE**

**Zip** **32940** **Country** **BREVARD**

**3. Mailing Address**

**6300 N. WICKHAM RD**  
**SUITE 130-199**

**CITY & STATE**  
**MELBOURNE**

**Zip** **32940** **Country** **BREVARD**



DO NOT WRITE IN THIS SPACE

**4. FEI Number** **65-1062793**

**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** **RALPH GOLSON**  
**Street Address (P.O. Box Number is Not Acceptable)** **6300 NORTH WICKHAM RD.**  
**SUITE 130-199**  
**City** **MELBOURNE** **FL** **Zip Code** **32940**

**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** *Ralph Golson* **RALPH GOLSON**

**4/5/02**  
**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GOLSON, RALPH</b>	
<b>STREET ADDRESS</b>	<b>431 VIZCAYA CT.</b>	
<b>CITY-ST-ZIP</b>	<b>MELBOURNE FL 32940</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
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<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GOLSON, RALPH</b>	
<b>STREET ADDRESS</b>	<b>6300 NORTH WICKHAM RD</b>	
<b>CITY-ST-ZIP</b>	<b>SUITE 130-199, MELBOURNE, FL 32940</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Ralph Golson* **RALPH GOLSON** **PRESIDENT** **4/5/02** **321-751-9235**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (9/01)