

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90085 007 \*\*\*150.00

**DOCUMENT # P01000003094**

1. Entity Name  
**ZAPG INTERNATIONAL INC.**

Principal Place of Business  
**2419 FLEISCHMAN RD., #3**  
**TALLAHASSEE FL 32308**

Mailing Address  
**2419 FLEISCHMAN RD., #3**  
**TALLAHASSEE FL 32308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**593689155**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEORGE, AUGUSTE**  
**2419 FLEISCHMAN RD., #3**  
**TALLAHASSEE FL 32308**

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. I am familiar with and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DP GEORGE, AUGUSTE**  
 STREET ADDRESS **2419 FLEISCHMAN RD., #3**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DV GEORGE, PATRICIA**  
 STREET ADDRESS **2419 FLEISCHMAN RD., #3**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/6/02 422 3471**

Date Daytime Phone #

CR2E034 (4/02)

Attachment  
# PO1000003094  
125444



ZAPG International dba Zandoli Designs  
2419 Fleischmann Road, Suite 3  
Tallahassee, Florida 32308

September 10<sup>th</sup>, 2002

Florida Department of State  
Division of Corporations  
Tallahassee, Florida 32301


To Whom It May Concern:

This letter is being written in accordance with the provisions as mentioned in the instructions accompanying the annual report.

I am requesting that the late fees for this annual report be waived in lieu of the fact that the original annual report notice was never received by me or my company.

Enclosed, is a check for the \$150 annual fee. Should you have any questions, please feel free to call me at 850-422-3471 or email to:  
[zandolidesigns@hotmail.com](mailto:zandolidesigns@hotmail.com).

Sincerely,

  
Auguste George, President