

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90322 018 ***150.00

DOCUMENT # P01000005085

1. Entity Name ZeroBrand, Inc.
669 Silver Birch Place
Longwood, FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 669 Silver Birch Place	3. Mailing Address 669 Silver Birch Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

000420

DO NOT WRITE IN THIS SPACE

City & State Longwood, FL	City & State Longwood, FL	4. FEI Number 59-3691526	Applied For <input type="checkbox"/> Not Applicable
Zip 32750 Country USA	Zip 32750 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Seyb, Laurence
Street Address (P.O. Box Number is Not Acceptable)
669 Silver Birch Place
City Longwood **FL** **Zip Code** 32750

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 Laurence W. Seyb **Laurence W. Seyb President** **4/08/02**
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 (ong requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	P Seyb, Laurence Box 900 Johnson, KS 67855	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Edmund Falciglia 669 Silver Birch Place Longwood, FL 32750	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Laurence W. Seyb **President** **4/08/02** **620-492-2286**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)