

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90207 027 \*\*\*150.00

0364517 AV

**DOCUMENT # P01000032092**

**1. Entity Name**  
**GROUND, INC.**



**Principal Place of Business**  
**5160 SW 88 TERRACE**  
**COOPER CITY FL 33328**

**Mailing Address**  
**5160 SW 88 TERRACE**  
**COOPER CITY FL 33328**

**2. Principal Place of Business**

**3. Mailing Address**

**4911 SW 101 AVE**

**4911 SW 101 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

**City & State**

**City & State**

**Cooper City, FL**

**Cooper City, FL**

**Zip**

**Country**

**Zip**

**Country**

**33328**

**Florida**

**33328**

**Florida**

**4. FEI Number 65-1088711**

**Applied For**  
**Not Applicable**

**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**

**ZYLA, JASON**  
**5160 SW 88 TERRACE**  
**COOPER CITY FL 33328**

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**4911 SW 101 AVE**

**Cooper City**

**FL**

**Zip Code 33328**

**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**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

<b>TITLE</b>	<b>PTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ZYLA, KIRSTINA</b>	
<b>STREET ADDRESS</b>	<b>5160 SW 88 TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>COOPER CITY FL 33328</b>	
<b>TITLE</b>	<b>VSD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ZYLA, JASON</b>	
<b>STREET ADDRESS</b>	<b>5160 SW 88 TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>COOPER CITY FL 33328</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>		
<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>		

<b>TITLE</b>	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ZYLA, KIRSTINA</b>	
<b>STREET ADDRESS</b>	<b>4911 SW 101 AVE</b>	
<b>CITY-ST-ZIP</b>	<b>COOPER CITY FL 33328</b>	
<b>TITLE</b>	<b>VSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ZYLA, JASON</b>	
<b>STREET ADDRESS</b>	<b>4911 SW 101 AVE</b>	
<b>CITY-ST-ZIP</b>	<b>COOPER CITY FL 33328</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>		

**12. 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 10 or Block 11 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**

**5/1/03**

**Date**

**Daytime Phone #**

CR2E034 (10/02)