

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91194 024 \*\*\*550.00

0015338 AV

**DOCUMENT # P01000049087**

**1. Entity Name**  
**ZEON OF FLORIDA, INC.**

**Principal Place of Business**  
**3046 ORANGE TREE DRIVE**  
**EDGEWATER FL 32141**

**Mailing Address**  
**3046 ORANGE TREE DRIVE**  
**EDGEWATER FL 32141**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**137 West Marion Ave Tc**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**137 West Marion Ave Tc**  
Suite, Apt. #, etc.

**City & State**  
**Edgewater FL**  
**Zip**  
**32132**  
**Country**  
**Volusia**

**City & State**  
**Edgewater FL**  
**Zip**  
**32132**  
**Country**  
**Volusia**

**4. FEI Number** **59-3720623** ☒ **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**

**HALL, MARK R ESQ**  
**124 FAULKNER STREET**  
**NEW SMYRNA BEACH FL 32168**

**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** \_\_\_\_\_ (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> <b>Delete</b>		<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
<b>NAME</b>	<b>FREEBORN, ROBERT F</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>3046 ORANGE TREE DRIVE</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>EDGEWATER FL 32141</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> <b>Delete</b>		<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
<b>NAME</b>	<b>FREEBORN, MARGARET A</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>3046 ORANGE TREE DRIVE</b>		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>EDGEWATER FL 32141</b>		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<input type="checkbox"/> <b>Delete</b>		<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</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:** Margaret Freeborn **Margaret Freeborn** **5/29/02** **3864090900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)