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

DOCUMENT # P 01000051344

Z&Z LOCK INSTACCATION, INC.

FILED Apr 24, 2002 8:00 am Secretary of State

04-24-2002 90376 034 ***150 00

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DO NOT WRITE IN THIS SPACE 3. Mailing Address
1427 SILVERTHORN 2. Principal Place of Business DR. 1427 SILVERTHORN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-3722238 City & State ORLANDO Not Applicable Country ...'S \$8.75 Additional 5. Certificate of Status Desired Fee Required รั้ว 825 U.S. 7. Name and Address of Current Registered Agent Name ZORAN SIMIC DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1427 SILVERTHORY DRIVE 3585 2 ORLANDO 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. 4/16/02 - PRESIDENT ZORAN SIMIC (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. PRESIDENT TITLE TITLE ZORAN SIMIC NAME NAME 1427 SILVERTHORN DRIVE STREET ADDRESS STREET ADDRESS 32825 CITY-ST-ZIP ORLANDO , FC CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE

NAME NAME STREET ADDRESS DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 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 attempt with an address with all others with an address with all others in the exemption of the corporation of the corpo attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

DTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZORAN SIMC - PRESIDENT

407-281-0029

CR2E034B (12/01)