

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90267 001 ***150.00
02-05-2003 90267 002 *****8.75

DOCUMENT # P01000051630

1. Entity Name
ZZAAZZ, INC.



Principal Place of Business
**125 HICKORY CREEK BLVD.
BRANDON FL 33511-8065**

Mailing Address
**125 HICKORY CREEK BLVD.
BRANDON FL 33511-8065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1135985**

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

**ROCKEFELLER, BEVERIDGE J
125 HICKORY CREEK BLVD
BRANDON FL 33511**

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

City **NA** **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]*
Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered agent must sign and date when registering.
Beveridge J. Rockefeller
1/5/03

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

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **ROCKEFELLER, JANET D**
CITY-ST-ZIP **125 HICKORY CREEK BLVD.
BRANDON FL 33511-8065**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ROCKEFELLER, BEVERIDGE J**
CITY-ST-ZIP **125 HICKORY CREEK BLVD
BRANDON FL 33511-8065**

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

TITLE ☐ Delete
NAME **NA**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **NA**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **NA**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **NA**
STREET ADDRESS
CITY-ST-ZIP

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

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 507, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/5/03** Daytime Phone # **813-661-7191**

Beveridge J. Rockefeller
2 checks attached

CR2E034 (10/02)