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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-14-2002 90051 042 ***150.00

DOCUMENT # P01000052538

1. Entity Name

ZEER TECHNOLOGY, INC.

Principal Place of Business

2301 PARK AVENUE, SUITE 404
ORANGE PARK FL 32073

Mailing Address

2301 PARK AVENUE, SUITE 404
ORANGE PARK FL 32073

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1870

Suite, Apt. #, etc.

City & State

MIDDLEBURG FL

Zip

Country

Zip

Country

32043

4. FEI Number

59-3722187

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, WILLIAM L JR
 2301 PARK AVENUE, SUITE 404
 ORANGE PARK FL 32073

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

Signature, typed or printed name of registered agent and use if applicable.

(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
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE D
 NAME THOMPSON, WILLIAM L JR
 STREET ADDRESS 2301 PARK AVENUE, SUITE 404
 CITY-ST-ZIP ORANGE PARK FL 32073 ☒ Delete

TITLE P D
 NAME THOMAS HALLQUEST
 STREET ADDRESS 781 BRANCOMB ROAD
 CITY-ST-ZIP GREEN CREEK SPRINGS FL 32043 ☐ Delete

TITLE ST
 NAME LYNN DALQUAYNE
 STREET ADDRESS 2085 W FOOTHILL BLVD
 CITY-ST-ZIP UPLAND CA 91786 ☐ Delete

TITLE DC
 NAME W.R. WELTY
 STREET ADDRESS 1803 WELLS RD #67
 CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *Thomas Hallquest* THOMAS HALLQUEST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/02 904 252 8778

Date

Daytime Phone #

CR2004 (9/01)