

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

FILED
Feb 07, 2003 8:00 am
Secretary of State
02-07-2003 90103 019 ***150.00

DOCUMENT # P01000059185

1. Entity Name

Zipstorage, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9806 Arbor Oaks lane

Suite, Apt. #, etc.

206

City & State

Boca Raton FL

Zip

33428

Country

USA

3. Mailing Address

9806 Arbor Oaks lane

Suite, Apt. #, etc.

206

City & State

Boca Raton FL

Zip

33428

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Sam Golden

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

9806 Arbor Oaks lane #206

City

Boca Raton

FL

Zip Code

33428

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.

Sam Golden Director

(NOTE: Registered Agent signature required when reinstating)

02/05/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	Director
NAME	Golden Sam
STREET ADDRESS	9806 Arbor Oaks lane #206
CITY-ST-ZIP	Boca Raton FL 33428
TITLE	Director
NAME	Golden, Cheryl
STREET ADDRESS	9806 Arbor Oaks lane #206
CITY-ST-ZIP	Boca Raton FL 33428
TITLE	Director
NAME	Golden, Joseph
STREET ADDRESS	516 SW 18th St
CITY-ST-ZIP	Boynton Beach FL 33426
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Sam Golden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/03

DATE

561-483-8844

Daytime Phone #

UBR 12/02/02