

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90298 016 ***150.00

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DOCUMENT # P01000070679

1. Entity Name
ZYON CORP.



Principal Place of Business
**710 JACARANDA DR.
OLDSMAR FL 34677**

Mailing Address
**710 JACARANDA DR.
OLDSMAR FL 34677**



2. Principal Place of Business

710 Jacaranda Dr
Suite, Apt. #, etc.

3. Mailing Address

710 Jacaranda Dr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Oldsmar

City & State

FL

4. FEI Number

59-3731953

Applied For

Not Applicable

Zip

34677

Country

Pinellas

Zip

34677

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PEFFER, THEODORE R
710 JACARANDA DR.
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Theodore Peffer, President

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PDST** ☐ Delete
NAME **PEFFER, THEODORE R**
STREET ADDRESS **710 JACARANDA DR.**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **D** ☐ Delete
NAME **PEFFER, KATHRYN A**
STREET ADDRESS **710 JACARANDA DR.**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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 607, 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:

Theodore Peffer, President **4/28/03** **727 644 8083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)