

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90059 034 ***150.00

DOCUMENT # P01000074155

1. Entity Name
ZOOMO INCORPORATED

Principal Place of Business
2370 OAKBEND DRIVE, #1328
PALM HARBOR FL 34683

Mailing Address
2370 OAKBEND DRIVE, #1328
PALM HARBOR FL 34683

2. Principal Place of Business
4749 WHITETAIL LANE

3. Mailing Address
4749 WHITETAIL LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY, FL

City & State
NEW PORT RICHEY, FL

4. FEI Number
59-3734066

Applied For
Not Applicable

Zip
34653

Country
USA

Zip
34653

Country
USA

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **JOHN PAPRZYCKI**
Street Address (P.O. Box Number is Not Acceptable)
4749 WHITETAIL LANE
City **NEW PORT RICHEY** **FL** **Zip Code** **34653**

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 *John Paprzycki* **JOHN PAPRZYCKI, PRESIDENT** **4/26/02**
Signature typed or printed name of registered agent, 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPRZYCKI, JOHN 2370 OAKBEND DRIVE, #1328 PALM HARBOR FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John Paprzycki* **JOHN PAPRZYCKI** **4/26/02** **727-787-3798**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)