

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90106 033 ***550.00

DOCUMENT # P01000094948

1. Entity Name
ZULU ZULU, INC.



Principal Place of Business
**3593 PALMETTO AVENUE
FORT MYERS, FL 33916**

Mailing Address
**3593 PALMETTO AVENUE
FORT MYERS, FL 33916**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1143885

☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 204
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name **Christopher K. Whitaker**

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

3593 Palmetto Avenue

City **Fort Myers**

FL

Zip Code **33916**

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]

8/10/03

Signature, typed or printed name of registered agent and the fee payable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW WITH 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 **D** ☐ Delete
NAME **WHITAKER, CHRISTOPHER K**
STREET ADDRESS **833 CYPRESS LAKE CIRCLE**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D** ☒ Delete
NAME **DEALMEIDA, MICHAEL J**
STREET ADDRESS **385 SNOW DRIVE**
CITY-ST-ZIP **FORT MYERS, FL 33919**

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 **D/P** ☒ Change ☐ Addition
NAME **Whitaker, Christopher K.**
STREET ADDRESS **833 Cypress Lake Circle**
CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **D/S/T** ☐ Change ☒ Addition
NAME **Jones, Courtney**
STREET ADDRESS **826 Cal Cove Drive**
CITY-ST-ZIP **Fort Myers, FL 33919**

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

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

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

TITLE ☐ Change ☐ Addition
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **CHRIS WHITAKER**

8/10/03 229 851-5533

DATE

Daytime Phone #

CRZEC034 (10/02)