

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91336 028 \*\*\*150.00

DOCUMENT # P01000099953 ✓  
1. Entity Name  
ZIGLET, INC.

668722

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1228 NW 89 DR  
Suite, Apt. #, etc.

3. Mailing Address  
1228 NW 89 DR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CORAL SPRINGS FL  
Zip  
33071  
Country  
USA

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Zip  
33071  
Country  
USA

4. FEI Number  
65-1152771  
Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
RICHARD J. ZENGLER  
Street Address (P.O. Box Number is Not Acceptable)  
1228 NW 89 DR  
City  
CORAL SPRINGS FL Zip Code  
33071

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
4/30/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1: Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT / CEO RICHARD J ZENGLER 1228 NW 89 DR. CORAL SPRINGS FL. 33071</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>EXECUTIVE V.P. / COO HAROLD J. MORLEY SR. 8801 WILES RD, BLDG. 11 APT 103 CORAL SPRINGS FL.</u>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
4/30/02

DAYTIME PHONE #  
754-368-0190