

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90188 007 ***150.00

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DOCUMENT # P02000010728

1. Entity Name
ZODIAC DB INVESTMENT CORP.



Principal Place of Business
**5650 NW 120TH AVENUE
CORAL SPRINGS FL 33076**

Mailing Address
**5650 NW 120TH AVENUE
CORAL SPRINGS FL 33076**



2. Principal Place of Business

5450 W. Hillsboro Blvd

3. Mailing Address

5450 W. Hillsboro Blvd

Suite, Apt. #, etc.

Suite 7

Suite, Apt. #, etc.

Suite 7

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

Zip

33073

Country

USA

Zip

33073

Country

4. FEI Number

41-2027659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAREY, BRENDA E
1960 NW 104TH AVENUE
CORAL SPRINGS FL 33071**

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

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 **P** ☒ Delete
NAME **ANGEL, ALLISON R**
STREET ADDRESS **5650 NW 120TH AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **President** ☐ 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Leo S. Carey III** ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **5650 NW 120th Ave**
CITY-ST-ZIP **Coral Springs, FL 33076**

TITLE **President** ☐ Change ☒ Addition
NAME **Leo S. Carey III**
STREET ADDRESS **5650 NW 120th Ave**
CITY-ST-ZIP **Coral Springs, FL 33076**

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

Daytime Phone #

CR2E034 (10/02)