


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90735 043 ***150.00

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DOCUMENT # P02000072127	
1. Entity Name DIGITAL E ZONE, INC.	

Principal Place of Business 871 16TH WAY PALM HARBOR FL 34683	Mailing Address 871 16TH WAY PALM HARBOR FL 34683
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2. Principal Place of Business 180 RACETRACK Rd	3. Mailing Address 309 OAKHILL Ct
Suite, Apt. #, etc. Bldg JSS WEST	Suite, Apt. #, etc.

City & State OLDSMAR, FL	City & State PALM HARBOR, FL
Zip 34677	Zip 34683
Country USA	Country



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent ZIGMUND, RONALD B 871 16TH WAY PALM HARBOR FL 34683		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIGMUND, RONALD B 871 16TH WAY PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIGMUND, RONALD B 309 OAKHILL Ct PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANTIONE, ELIZABETH J 871 16TH WAY PALM HARBOR FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANTIONE, ELIZABETH J 309 OAKHILL Ct PALM HARBOR, FL 34683
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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:  **4/29/03** **713-8545778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)