

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000107944

1. Entity Name
ZOOM SCALE CORP.



FILED

04 OCT -1 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8105 NW 38TH ST
CORAL SPRINGS, FL 33065

Mailing Address
8105 NW 38TH ST
CORAL SPRINGS, FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142004

Chg-P

CR2E034 (10/03)

4. FEI Number

75-3131780

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAGGART, THOMAS G
3290 SW 139TH TER
FORT LAUDERDALE, FL 33330

Name THOMAS G. TAGGART

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

8105 N.W 38th St.

City CORAL SPRINGS

FL

Zip Code 33065

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 THOMAS G. TAGGART

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

(NOTE: Registered Agent signature required when forstanding)

DATE

9-28-04

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

300041562503
10/04/04--01018--021 ***70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TAGGART, THOMAS G
STREET ADDRESS 3290 SW 139 TERRACE
CITY- ST- ZIP DAVIE, FL 33330 ☐ Delete

TITLE PD
NAME TAGGART, THOMAS G.
STREET ADDRESS 8105 N.W 38th St.
CITY- ST- ZIP CORAL SPRINGS FL 33065 ☒ Change ☐ Addition

TITLE VD
NAME TAGGART, GLADYS Y
STREET ADDRESS 3290 SW 139 TERRACE
CITY- ST- ZIP DAVIE, FL 33330 ☐ Delete

TITLE VD
NAME TAGGART, GLADYS Y
STREET ADDRESS 8105 N.W 38th St.
CITY- ST- ZIP CORAL SPRINGS FL 33065 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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: THOMAS G. TAGGART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS G. TAGGART

Date

Daytime Phone #

(954) 341-2662