## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State

05-01-2002 91514 018 \*\*\*150.00 DOCUMENT # 2 1. Entity Name Zelli-Thru Services. Inc 643280----DO NOT WRITE IN THIS SPACE Principal Place of Business Po Box 201627 Spicewood Springs Kd AHN: Michelle Cargil LDO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 = (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS President TITLE TITLE CR2E034B (12/01 Tal Lusher 1007 Worthern Duncer NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Aushn TX 78740 CITY+ST-ZIP secretary TITLE TITLE Valerie Schweers 600 Blunco River Kanch Kd. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP San Murcos TX 786666 Kimberly Lusher, CFO CITY-ST-7IP TITLE TITLE NAME NAME 9213 Spice brush Dr. STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HUSHN TX. 7875 CITY-ST-ZIP TITLE lirecto r TITLE IN THIS SPACE Bluine Johnson NAME NAME STREET ADDRESS 7200 Fox tree Cove STREET ADDRESS CITY:51:710 CITY-ST-ZIP TITLE Director TITLE NAME Uhns Lusher NAME STREET ADDRESS 1635 Gold Finch STREET ADDRESS CITY-ST-ZIP alur Park TX 78613 CITY-ST-ZIP Director TITLE TITLE wayne Edwards NAME STREET ADDRESS talo spicewood springs RU Salo A STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 78759 13. Thereby 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 interest with an address with all other like empowered.

Date

Daytime Phone #

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR