

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000006187

FILED
Apr 24, 2002 8:00 AM
Secretary of State

Entity Name: ZAPIT INC.

Current Principal Place of Business:

636 US HWY 1
STE 114
NORTH PALM BCH, FL 33408 US

Current Mailing Address:

636 US HWY 1
STE 114
NORTH PALM BCH, FL 33408 US

FEI Number: 65-0468961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEL, JEROME
4100 NO OCEAN DRIVE
SUITE 804-D
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

1380 N. KILLIAN DR.
STE 1A
LAKE PARK, FL 33403 US

New Mailing Address:

1380 N. KILLIAN DR.
STE 1A
LAKE PARK, FL 33403 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZEL, JEROME
Address: 4100 NO OCEAN DRIVE #804-D
City-St-Zip: SINGER ISLAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME D. ZEL

P

04/24/2002

Electronic Signature of Signing Officer or Director

_____ Date