

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90015 031 ***150.00

DOCUMENT # P94000073025

1. Entity Name

ZGD, INC.

Principal Place of Business

**3225 SOUTHSIDE BLVD
SUITE 8
JACKSONVILLE FL 32216**

Mailing Address

**3225 SOUTHSIDE BLVD
SUITE 8
JACKSONVILLE FL 32216**

2. Principal Place of Business

3225 SOUTHSIDE BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

SAME

City & State

JAX- FL-32216

City & State

SAME

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL4. FEI Number **59-3269517**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, ZORA K
3225 SOUTHSIDE BLVD
SUITE 8
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

ZORA GONZALEZ

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

2449 PEG LEG RD

City

JAX- FL-

Zip Code

FL 32224

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GONZALEZ, DIEGO L**
STREET ADDRESS **3225 SOUTHSIDE BLVD, SUITE 8**
CITY-ST-ZIP **JACKSONVILLE FL 32216**TITLE **STD** ☐ Delete
NAME **GONZALEZ, ZORA K**
STREET ADDRESS **3225 SOUTHSIDE BLVD, SUITE 8**
CITY-ST-ZIP **JACKSONVILLE FL 32216**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Zora Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

you 15-2001

CR2E034 (10/00)