

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
 SUITE 8**

3. Mailing Address

**SAME
 SAME**

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

SAME

City & State

JAX FL-32216

City & State

SAME

4. FEI Number **59-3269517**

Applied For

Not Applicable

Zip

32216

Country

DUVAL

Zip

32216

Country

DUVAL

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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
JAX FL-32224
 City **JAX FL** Zip Code **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 _____ (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	<input type="checkbox"/> Delete
NAME	GONZALEZ, DIEGO L	
STREET ADDRESS	3225 SOUTHSIDE BLVD, SUITE 8	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ZORA K	
STREET ADDRESS	3225 SOUTHSIDE BLVD, SUITE 8	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

#7106
\$1150.00
01-15-01

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 Date: Jan 15 - 2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)