2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000073025

1. Entity Name ZGD, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90113 039 ***150.00

Suite. Apt. #, etc. Applied #,	Principal Place of Business 3225 SOUTHSIDE BLVD SUITE 8 JACKSONVILLE FL 32216		Mailing Address 3225 SOUTHSIDE BLVD SUITE 8 JACKSONVILLE FL 32216			
City & State Country Country So Count	2. Principal Place of Business		3. Mailing Address		I LOCATION ALIA CONT. ELIAN DELIA BERNA DELIA DELIA DELIA DELIA DELIA CONT.	
Country Zip Country Zip Country S. Certificate of Status Desired \$8.7.5 Additional Fee Required \$8.7.5 Additional Fe	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
Signature Sign	City & State		City & State		4. FEI Number 59-3269517 Applied For Not Applicable	
GONZALEZ, ZORA K. 2449 PEG LEG RD JACKSONVILLE FL 32224 City FL Zip Code	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
GONZALEZ, ZORA. K. 2449 PEG LEG RD JACKSONVILLE FL 32224 City City FL Zip Code 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 act the obligations of registered agent. SIGNATURE Signature, hyped or printed represent agent and tife if applicable. (NOTE Registered Agent signature required when reindating) After May 1, 2003 Fee will be \$550.00 SIGNALEZ, DIEGO L OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD GONZALEZ, DIEGO L STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 TITLE STD GONZALEZ, ZORA K STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE Delete TITLE STD Change Ad Change	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
2449 PEG LEG RD JACKSONVILLE FL 32224 City FL Zip Code				Name		
ACKSONVILE FL 32224 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and active obligations of registered agent. SIGNATURE Signature, typed or printed registered agent and 999 if applicable. (NOTE Registered Agent agnature required when revisating) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State O OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STD Delete STOE GONZALEZ, DIEGO L STREET ADDRESS CITY-ST-ZPP JACKSONVILLE FL 32216 TITLE GONZALEZ, CORA K SIREET ADDRESS CITY-ST-ZPP O Delete TITLE ONAME SIREET ADDRESS CITY-ST-ZPP O Delete TITLE O Delete TITLE ONAME SIREET ADDRESS CITY-ST-ZPP O Delete STREET ADDRESS CITY-ST-Z				Street Ac	Address (P.O. Box Number is Not Acceptable)	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and active obligations of registered agent. SIGNATURE Signature, hyped or privided regime of registered agent and tole if applicables. (NOTE: Registered Agent signature required when rendatating)	JACKSUN	WILLE FL 32224				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii) for the section stated in Section 119.07(3)(ii) for the section stated in Section 119.07(3)(ii) for the section stated in Section stat	NAME STREET ADDRESS CITY-ST-ZIP	artify that the information available with		NAME STREET ADDRESS CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Po4)641-2361