2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400075522 1. Entity Name ZORCAR CORPORATION							Mar 21, 2000 8:00 am Secretary of State				
201107111	Oom Ommon	1						3-21-2000 90011			
Principal Place of Business Mailing Address											
4520 COUNTRY			4520 COUNTRY CLUB CAPE CORAL FL 33904-5255			}					
CAPE CORAL F	L 33504	CAFE CON	AL FL 33307-323	J		}					
O Delegio I Di	and Durings	3. Mailing Address									
2. Principal Place of Business		3. Maining Address					i idelinati ili satti etati asti asti asti asti asti asti asti				
Suite, Apt.#-etc		Suite Apt. #. etc.					DO NOT WRITE IN THIS SPACE				
City & State		City & S	City & State				4. FEI Number	65-0526828	<u> </u>	plied For t Applicable	
Zip	Country	Zip Co			ry		5. Certificate of	Status Desired	\$8.75 Add	itional	
	6. Name and Address of Current	Registered A) .gent				7. Name and A	ddress of New Regist	Fee Required		
			Name							-	
	PENTER, RONALD A. COUNTRY CLUB			ſ	Street Ac	ddress (P.	ess (P.O. Box Number is Not Acceptable)				
	CORAL FL 33904										
)				}	City				FL Zip Code	9	
8. The above	named entity submits this statement fo	r the purpose	of changing its	registere	d office or	registere	d agent, or both,	in the State of Florida.			
 		ļ									
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicab	le. (NOTE	: Registered	Agent signatu	ire required w	vhen reinstating)		DATE		
	ration is eligible to satisfy its Intangible		_FILE:NOW!				10. Elect	ion Campaign Financir		0 May Be	
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta				I liust and Continuation. — Added to rees				
11.	OFFICERS AND	DIRECTORS		12.			ADDITIONS/C	HANGES TO OFFICER			
TITLE NAME	Delete Delete		TITLE	Į.				☐ Change	☐ Addition		
STREET ADDRESS	4520 COUNTRY CLUB			STREET ADDRESS							
CITY-ST-ZIP	CAPE CORAL FL 33904				ST-ZIP	<u> </u>					
TITLE NAME			☐ Delete	TITLE	:				Change	☐ Addition	
STREET ADDRESS		ŀ			et address						
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NAME		!		NAME	ľ						
STREET ADDRESS		1			T ADDRESS						
CITY-ST-ZIP	partifus that the information appelled with	thie filing do	as not qualify for		ST-ZIP	ed in Sec	tion 119.07(3\/i)	Florida Statutes furth	ner certify that the in	nformation	
13. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is	n this filing do s true and acc	es not qualify for curate and that n	r the exer ny signat	nption stat ure shall ha	ed in Sec ave the sa	xion 119.07(3)(i) ame legal effect	, Hiorida Statutes. I fürth as if made under oath;	ier certify that the il that I am an officer	or director	

Middled on this report or suppremental report is true and accurate and inat my signature shall have the same legal effect as it made under dain; that it am an officer of 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 emprowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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