

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90015 024 ***150.00

DOCUMENT # P94000088226

1. Entity Name
JZ MORGAN CAPITAL, INC.

Principal Place of Business

**3415 W CYPRESS ST
 SUITE 110
 TAMPA FL 33607
 US**

Mailing Address

**P.O. BOX 159
 TARPON SPRINGS FL 34688
 US**

2. Principal Place of Business

**3455 Countryside Blvd
 Suite, Apt. #, etc.
 #78**

3. Mailing Address

Suite, Apt. #, etc.
SAME

City & State

Clematis FL

Zip

33761

Country

FL

4. FEI Number

59-3282867

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

R. JOHN ZAVODNY

**3415 W CYPRESS ST
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

R. John Zavodny

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

3455 Countryside Blvd #78

City

Clematis

FL

Zip Code

33761

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

3/8/02

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, 2002 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 **PSDT**
 NAME **ZAVODNY, JOHN R**
 STREET ADDRESS **3415 W CYPRESS STREET**
 CITY-ST-ZIP **TAMPA FL 33607**

☐ Delete

**3455 Countryside Blvd #78
 Clematis FL 33761**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **3455 Countryside Blvd #78**
 STREET ADDRESS **Clematis FL 33761**
 CITY-ST-ZIP **33761**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (9/01)