

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90152 029 ***150.00

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1. Entity Name
Z-92, INC.

Principal Place of Business
**315 EAST ROBINSON ST.
SUITE 600
ORLANDO FL 32801
US**

Mailing Address
**P.O. BOX 140043
ORLANDO FL 32814
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3298042**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHUFFIELD, W. CHARLES
315 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801**

Name
Street Address (P.O. Box Number is Not Acceptable)
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 accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPC** ☐ Delete
NAME **MOADY, SAID**
STREET ADDRESS **8675 DERBYSHIRE RD #213**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☒ Change ☐ Addition
NAME **2307 LAKESIDE ST**
STREET ADDRESS **ORLANDO, FL 32803**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GIBSON, JANE S**
STREET ADDRESS **1414 KUHLE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **D** ☐ Delete
NAME **SHUFFIELD, KAREN**
STREET ADDRESS **2307 LAKESIDE DR**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **ORLANDO, FL 32803**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STRACK, GARY**
STREET ADDRESS **3318 LAKEVIEW OAKS DR**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **D** ☐ Delete
NAME **HANSON, MICHAEL**
STREET ADDRESS **7350 HULL RD**
CITY-ST-ZIP **ZIONSVILLE IN 46077**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SAID MOADY

2/3/03

407 928-8665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)