2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90943 007 ***150.00

DOCUMENT # P96000019119

1. Entity Name

ZD Computer Products, Inc.

NC 9 pt. 03/10/03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9001 131 Place N.	9001 131 Place N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Largo FL 33773	Largo, FL 33773
City & State, Zip, Country	City & State, Zip, Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3367382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Craig L. Zurman

Street Address (P.O. Box Number is Not Acceptable): 9001 131 Place N.

City: Largo **FL** Zip Code: 33773

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	Craig L. Zurman
STREET ADDRESS	14525 87th Avenue North
CITY-ST-ZIP	Seminole, FL 33776
TITLE	S
NAME	~~Tara Zurman L~~
STREET ADDRESS	9001 131 Place North
CITY-ST-ZIP	Largo, FL 33773
TITLE	T
NAME	Marian Donnelly C
STREET ADDRESS	9001 131 Place North
CITY-ST-ZIP	~~Largo, FL 33773~~
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NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE _____ Marian C. Donnelly 4/8/2003 727-586-6288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #