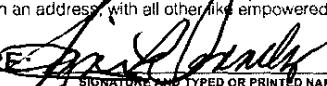


2003

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90943 007 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019119		No 921 03/10/03 	
1. Entity Name ZD Computer Products, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 9001 131 Place N. Suite, Apt. #, etc.		3. Mailing Address 9001 131 Place N. Suite, Apt. #, etc.	
City & State Largo FL 33773 Zip Country		City & State Largo, FL 33773 Zip Country	
4. FEI Number 59-3367382		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	P Craig L. Zurman 14525 87th Avenue North Seminole, FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tara Zurman L 9001 131 Place North Largo, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marian Donnelly C 9001 131 Place North Largo, FL 33773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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 DAYTIME PHONE	

CR2E034B (12/02)