

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019358

1. Entity Name

ZAUBERTEK, INC.

Principal Place of Business

Mailing Address

1007 SILCOX BRANCH CIR.  
OVIEDO FL 32765

1007 SILCOX BRANCH CIR.  
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

12565 Research Parkway

12565 Research Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32826

US

32826

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDMAN, MITCHELL S  
96 WILLARD ST., STE. 302  
COCOA FL 32922

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PEALE, ROBERT  
1007 SILCOX BRANCH CIR.  
OVIEDO FL 32765



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



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
KEY, JANIS  
1116 LAKE WELDONA DRIVE  
ORLANDO, FL 32806



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



TITLE  
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 11 or Block 12. If changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janis Key, Managing Director 4/30/01 407-230-5704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90010 010 \*\*\*150.00

653791



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3373088

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

0052624

CR2E034 (10/00)