2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # P96000092090 1. Entity Name GROUNDZERO RESEARCH GROUP INC. 05-05-2000 90011 024 ***150.00 Mailing Address Principal Place of Business 20423 STATE ROAD 7 20423 STATE ROAD 7 SHITE 357 SUITE 357 **BOCA RATON FL 33498-6797 BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEINKET, SCOTT B Street Address (P.O. Box Number is Not Acceptable) 9785 BOCA GARDENS PKWY SUITE 357 **BOCA RATON FL 33496** Zip Code City 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. ६७८ व हर्न्य SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. TITLE Change ☐ Addition Delete TITLE MEINKET, SCOTT B NAME NAME STREET ADDRESS 9785 BOCA GARDENS PKWY, #88D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Change Addition TITLE ☐ Delete TITLE MEINKET, LORRAINE NAME NAME 9785 BOCA GARDENS PKWY, #88D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MEINKET, SCOTT B NAME NAME 9785 BOCA GARDENS PKWY, #88D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33496** CITY-ST-ZIP ■ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, i further certify that the information e and that my signature shall have the same legal effect as if made under oath; that I am an officer or director by this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does accura indicated on this report or supplemental report is true are changed, or on an attachmen SIGNATURE: Daytime Phone