

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90126 032 ***150.00

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DOCUMENT # P97000006079

1. Entity Name
ZUNK CORPORATION



Principal Place of Business
500 WINDERLEY PLACE
SUITE 108
MAITLAND FL 32751

Mailing Address
500 WINDERLEY PLACE
SUITE 108
MAITLAND FL 32751

2. Principal Place of Business
1010 Winderley Place

3. Mailing Address
1010 Winderley Place

Suite, Apt. #, etc.
149

Suite, Apt. #, etc.
149

City & State
Maitland FL

City & State
Maitland FL

Zip
32751

Country
USA

Zip
32751

Country
USA

4. FEI Number
59-3424368

Applied For
Not Applicable

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

X CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MCMULLEN, JACK K
201 EAST PINE STREET
SUITE 1200
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

[Signature] **As changes**
(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

check # 1610

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **ZUNK, MARGIE**
STREET ADDRESS **500 WINDERLEY PLACE, STE 108**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME **Address**
STREET ADDRESS **1010 Winderley Place**
CITY-ST-ZIP **# 149, Maitland FL 32751**

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 **407**
247 6558
Date **Daytime Phone #**

CR2E034 (10/02)