FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90101 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091853

1. Entity Name

ZEN TRUCKING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11026 63rd AVE N	11026 63rd AVE N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEMINOLE FL	City & State: SEMINOLE FL
Zip: 33772 Country:	Zip: 33772 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3475698 ☐ 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: ZENON GIZ

Street Address (P.O. Box Number is Not Acceptable): 11026 63rd AVE N

City: SEMINOLE FL Zip Code: 33772

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: Zenon Giz 4/30/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P
NAME	ZENON GIZ
STREET ADDRESS	11026 63rd AVE N
CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: [signature] 4/30/02 727-391-1007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #