2002 UNIFORM BUSINESS REPORT (UBR)

Jun 03, 2002 8:00 am Secretary of State DOCUMENT # P98000029885 05-13-2002 90076 045 ***150.00 1. Entity Name ZEPHYRHILLS ALF. INC. Principlei Place of Business Mailing Address 750 STARKEY ROAD 750 STARKEY ROAD LARGO FL 34841 **LARGO FL 34641** Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3504894 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSES, MICHAEL B 750 STARKEY ROAD **LARGO FL 34641** 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 SIGNATURE Signature FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01) Change NAME MOSES, MICHAEL J II NAME STREET ADDRESS 750 STARKEY ROAD -cood STREET ADDRESS CITY-ST-ZIP LARGO FL 34641 CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME PAGGEOT, REX A NAME Kood STREET ADDRESS 750 STARKEY ROAD STREET ADDRESS CITY-ST-ZIP LARGO FL 34641 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☑ Addition NAME NAME -Road STREET ADDRESS 235 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 eath; 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:

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