2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
02-14-2002 90045 036 ***150.00

0568332 AV

DOCUMENT # P98000042611

1. Entity Name
ZERO INTERNATIONAL INC.

Principal Place of Business	Mailing Address
1230 SE GLENWOOD DRIVE #7 STUART FL 34994	1230 SE GLENWOOD DRIVE #7 STUART FL 34994

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
915 Sepine Castle Ct.		915 Sepine Castle Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Stuart, FL.		City & State: Stuart FL	
Zip: 34996	Country: USA	Zip: 34996	Country: USA

4. FEI Number 65-0834552 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HISASHI, TONOSADA
1230 SE GLEN WOOD DR
7
STUART FL 34994

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 915 Sepine Castle Ct.
City: Stuart FL Zip Code: 34996

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HISASHI, TOMOSADA 1230 SE GLENWOOD DR #7 STUART FL 34994 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Same Same 915 Sepine Castle Ct. Stuart, FL. 34996 915 SE Pine Castle Ct. Stuart, FL 34996-3639
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 1-24-02 561-223-1131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #