[redacted]

05-23-2001 90020 044 ***150.00
P98000047969

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 JUL 26 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P98000047969

1. Entity Name
Zachary, Inc.

Principal Place of Business
~~945 SE 23 Street~~
Okeechobee, FL ~~34974~~

Mailing Address
~~2989 NW 35th Drive~~
Okeechobee, FL ~~34972~~ 34973

→ BOTH ARE P.O. BOX 786

659807

AC 7/26

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0840708 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
~~Zachary White~~
~~945 SE 23 Street~~ ~~P.O. Box 786~~
Okeechobee, FL 34974

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 1306 SW 10th ave.
City: Okeechobee, Fl 34972 — 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.

SIGNATURE [signature] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — 4/26/01 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

[redacted]

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	PD Zachary White ~~945 SE 23 Street~~ ~~Okeechobee, FL 34974~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PO Box 786 Okeechobee Fl 34973 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/26/01 Date — Daytime Phone #

per phone authorization
w/ Zachary White
All corrections were made
7/26 AC