

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90263 001 ***150.00

DOCUMENT # P99000013133

1. Entity Name
ZEOSOF CORPORATION

Principal Place of Business
601 S HARBOUR ISLAND BLVD
STE 200
TAMPA FL 33602
US

Mailing Address
601 S HARBOUR ISLAND BLVD
STE 200
TAMPA FL 33602
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3688007

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEASE CORRECT NAME (NO HYPHEN). SEE
TODD-HODGES, GEOFFREY ESQ.
#7
601 SOUTH HARBOUR ISLAND BLVD.
STE 200
TAMPA FL 33602

Name
Geoffrey Todd Hodges, Esquire

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.

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 **D** ☒ Delete
 NAME **MUSOLINO, FRANK**
 STREET ADDRESS **601 S HARBOUR ISLAND BLVD, STE 200**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DST** ☐ Change ☒ Addition
 NAME **Geoffrey Todd Hodges, Esq.**
 STREET ADDRESS **601 S. Harbour Island Blvd. Ste 200**
 CITY-ST-ZIP **Tampa, FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Arnold Fischman**
 STREET ADDRESS **220 Clifton Blvd.**
 CITY-ST-ZIP **Clifton, NJ 07011**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
 NAME **Vincent deSostoa**
 STREET ADDRESS **1055 Parsippany Blvd., Suite 502**
 CITY-ST-ZIP **Parsippany, NJ 07054**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition
 NAME **Dan McFeely**
 STREET ADDRESS **1055 Parsippany Blvd., Suite 502**
 CITY-ST-ZIP **Parsippany, NJ 07054**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Chief Technical Officer** ☐ Change ☒ Addition
 NAME **Michael Huestis**
 STREET ADDRESS **1055 Parsippany Blvd., Suite 502**
 CITY-ST-ZIP **Parsippany, NJ 07054**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.T. Hodges

4/30/02

Date

813-262-2365

Daytime Phone #

CR2E034 (9/01)