

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **999000048821**

1. Entity Name: **Zorn Acquisition, Inc.**
TMT DIRECT, INC N/C 4/28/2K

Principal Place of Business: **6202 Benjamin Rd.**
Tampa FL 33634

Mailing Address: **Same**

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90948 016 ***158.75

100812

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **59-3579753**

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

Walter Budowski
750 SW 12th Ave
Pompano Beach FL 33069

7. Name and Address of New Registered Agent

Name

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: **Walter Budowski** (NOTE: Registered Agent signature required when reinstating)

DATE: **4/24/2000**

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, 2000 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

☒ Delete

TITLE: **P.D.**
 NAME: **Harvey C. Zorn.**
 STREET ADDRESS: **3317 Jean Circle**
 CITY-ST-ZIP: **Tampa FL 33629**

☐ Delete

TITLE: **P.D.**
 NAME: **Walter Budowski**
 STREET ADDRESS: **580 Pine Hollow Ln**
 CITY-ST-ZIP: **West Palm Beach FL 33413**

☐ Delete

TITLE: **S.**
 NAME: **Kathleen O. Budowski**
 STREET ADDRESS: **580 Pine Hollow Ln**
 CITY-ST-ZIP: **West Palm Beach FL 33413**

☐ Delete

TITLE: ☐ Delete

TITLE: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE 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: **Walter Budowski Pres.** **4/24/2000** (813)884-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)