

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90921 036 \*\*\*158.75

UNIFORM BUSINESS REPORT

**DOCUMENT # P99000049680**

1. Entity Name  
**ZIONI, INCORPORATED**



Principal Place of Business  
**9501 ARLINGTON EXPRESSWAY  
SUITE 620, REGENCY SQUARE MALL  
JACKSONVILLE FL 32225**

Mailing Address  
**9501 ARLINGTON EXPRESSWAY  
SUITE 620, REGENCY SQUARE MALL  
JACKSONVILLE FL 32225**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3582559**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KHALED, LUBNA  
2125 BRIGHTON BAY TR. W.  
JACKSONVILLE FL 32-2469**

7. Name and Address of New Registered Agent

Name **Alaa Khaled**  
Street Address (P.O. Box Number is Not Acceptable) **2125 Brighton Bay Tr W**  
**Jacksonville FL**  
City **Jacksonville FL** Zip Code **32246**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Alaa M Khaled** (Signature, typed or printed name of registered agent and title if applicable.)  
SIGNATURE **[Signature]** (NOTE: Registered Agent signature required when reinstating.)  
DATE **3/20/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KHALED, LUBNA 2125 BRIGHTON BAY TR. W. JACKSONVILLE FL 32246</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KHALED, ALAA M 2125 BRIGHTON BAY TR. W. JACKSONVILLE FL 32246</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KHALED, M K 2125 BRIGHTON BAY TR. W. JACKSONVILLE FL 32246</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **REQUIRED** DATE: **3/20/03** DAYTIME PHONE #

CR2E034 (10/02)