

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

DOCUMENT # P99000058462 ✓
 1. Entity Name
Z Elect, Inc

010401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
213 SE 8th Street
 State, Apt. #, etc.
Blackstone Annex

3. Mailing Address
P.O. Box 460397
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33316 Country
USA

Zip
33346 Country
USA

4. FEI Number
650929918

Applied For
 Not Applicable

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Shane Stum

Street Address (P.O. Box Number is Not Acceptable)
1720 Harrison St Unit 9H

City
Hollywood **FL** Zip Code
33020

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 _____ (NOTE: Registered Agent signature required when re-registering) (DATE) _____

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President (P)</u> <u>Shane Stum</u> <u>1720 Harrison St 9H</u> <u>Hollywood, FL 33020</u>
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CITY-ST-ZIP

**DO NOT WRITE
 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shane Stum
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-02 (954) 668-8731
 DATE DAYTIME PHONE #

CR2E034B (12/01)