## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 09, 2002 8:00 am Secretary of State

DOCU 1. Entity Nam	MENT # PLACE ZOOKS	200748 Inc.	01/	O4-09-2002 90734 041 ***150.00
	DO NOT WRITE	IN THIS SP	PACE	noon4000
2. Principal P	Place of Business	3. Mailing Address		80061660
Suite, Apt.	#, etc. 5/2 1	1.760 % Di Suite, Apt. #, etc.	xie Hwy	DO NOT WRITE IN THIS SPACE
City & State		City & State	<del></del>	4. FEI Number Applied For
Hobe	Country	Zip	Country	53-00-036273-55-4   Not Applicable   \$8.75 Additional
3343	55 USA	<sup>Zip</sup> 33455	-ÚSD	Fee Required
		•	Name	7. Name and Address of Current Registered Agent
DO NOT WRITE				(P.O. Box Number is Not Acceptable)
· And All States and All Control	IN THIS SP		1310	3 Hobe Files De
			City	De Sagnal VI 33485
				FL
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida.
SIGNATURE	oignature types on finited name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)
J	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Tax filing re (See criter	oration is eligible to satisfy its Intangible equirement and elects to do so.	After May 1 Amended	ny 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 e to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Tax filing right (See criter	equirement and elects to do so.	After May 1 Amended Make Check Payable	I, Fee is \$550.00 UBR is \$61.25 e to Department of St	Trust Fund Contribution.   Added to Fees
Tax filing re (See criter	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	l, Fee is \$550.00 UBR is \$61.25	Trust Fund Contribution.   Added to Fees
Tax filing riverse (See criter  11.  TITLE  NAME  STREET ADDRESS	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	I, Fee is \$550.00 UBR is \$61.25 e to Department of St  Tifle NAME STREET ADDRESS	Trust Fund Contribution.   Added to Fees
Tax filing no See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	equirement and elects to do so. ria on back)  OFFICERS AND D	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.   Added to Fees
Tax filing in (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Trust Fund Contribution.   Added to Fees
Tax filing in (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution.   Added to Fees
Tax filing in (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Trust Fund Contribution.   Added to Fees
Tax filing in (See criter 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	I, Fee is \$550.00 UBR is \$61.25 e to Department of St  TiTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Trust Fund Contribution.
Tax filing in (See criter 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	I, Fee is \$550.00 UBR is \$61.25 e to Department of St  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution.   Added to Fees
Tax filing in (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution. Added to Fees  DO NOT WRITE
Tax filing in (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.
Tax filing in (See criter 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution. Added to Fees  DO NOT WRITE
Tax filing in (See criter 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Contribution. Added to Fees  DO NOT WRITE
Tax filing in (See criter 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution. Added to Fees  DO NOT WRITE
Tax filing in (See criter 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Trust Fund Contribution. Added to Fees  DO NOT WRITE
Tax filing in (See criter 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Trust Fund Contribution. Added to Fees  DO NOT WRITE
Tax filing in (See criter 11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	operation of the control of the cont	After May 1 Amended Make Check Payable DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution. Added to Fees  DO NOT WRITE

13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02
Daytime Phone #