

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90135 043 ***150.00

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DOCUMENT # P99000077914

1. Entity Name
ZEOSYNC CORPORATION



Principal Place of Business
**310 EVERNIA STREET
WEST PALM BEACH FL 33401**

Mailing Address
**310 EVERNIA STREET
WEST PALM BEACH FL 33401**

2. Principal Place of Business
P.O. Box 742162

3. Mailing Address
P.O. Box 742162

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. FEI Number
65-0952368

Applied For
Not Applicable

Zip
33474

Country
USA

Zip
33474

Country
USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CASCIO, CARL A ESQ
639 E. OCEAN AVE., STE. 207
BOYNTON BEACH FL 33435**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**D
ST. GEORGE, PETER
310 EVERNIA STREET
WEST PALM BEACH FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SARUBBI, JOSEPH
310 EVERNIA STREET
WEST PALM BEACH FL 33401** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date Daytime Phone #

CR2E034 (10/02)