

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90037 014 \*\*\*150.00

**DOCUMENT # P99000084750**

1. Entity Name

**ZONOX CORP.**

Principal Place of Business

Mailing Address

**5355 BUCKHEAD CIRCLE  
 BOCA RATON FL 33486**

**5355 BUCKHEAD CIRCLE  
 BOCA RATON FL 33486**

**1139 North Federal Highway  
 Ft. Lauderdale, Fla 33304**

2. Principal Place of Business

**THE 202NE**

3. Mailing Address

**1139 North Federal Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Ft. Lauderdale, Fla**

City & State

4. FEI Number **65-0949936**

Applied For  
 Not Applicable

Zip  
**33304**

Country  
**USA**

Zip  
**33304**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, CHRIS  
 5355 BUCKHEAD CIRCLE  
 BOCA RATON FL 33486**

Name **Smith, Chris**

Street Address (P.O. Box Numbers Not Acceptable)  
**1139 North Federal Highway  
 Ft. Lauderdale, Florida 33304**

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

**Christopher Smith**

**March 17th 2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **SMITH, CHRIS**  
 CITY-ST-ZIP **5355 BUCKHEAD CIR.  
 BOCA RATON FL 33486**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1139 North Federal Highway**  
 CITY-ST-ZIP **Ft. Lauderdale, Fla 33304**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition  
 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:

**Christopher Smith**

**March 17th 2001**

**954-564-7655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)