FILED

Feb 20, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

S18421 Secretary of State DOCUMENT # 1. Entity Name 02-20-2002 90090 042 ***150.00 ZEILON INVESTMENTS, INC. Principal Place of Business Mailing Address 713 S ORANGE AVE 713 S ORANGE AVE SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0261667 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERCURIO, JOHN Street Address (P.O. Box Number is Not Acceptable) .C/O MERCURIO & BRIDGFORD PA, CPA'S 713 S ORANGE AVE SARASOTA FL 34236 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE NAME ZEILON, INGER NAME STREET ADDRESS 2403 CASEY KEY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete ZEILON, ROLF NAME NAME STREET ADDRESS 2403 CASEY KEY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE NOKOMIS FL TITLE ☐ Delete Addition NAME- -MERCURIO, JOHN J STREET ADDRESS 713 S. ORANGE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: LE SIGNATURE DE SIGN

02.02.02

941-9664116

Daytime Phone #

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