

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69614

1. Entity Name
ZEDA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90272 046 ***150.00

645055



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8210 AQUILA ST
227
PORT RICHEY FL 34668
US

Mailing Address
8210 AQUILA ST
227
PORT RICHEY FL 34668
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3079296**

Applied For
Not Applicable

Zip Country

Zip Country

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

NOVENSON, ROBERT B
8210 AQUILA ST
#227
PORT RICHEY FL 34668

Name
Street Address (P.O. Box Number is Not Acceptable)
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

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

(NOTE: Registered Agent's 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	PD	<input type="checkbox"/> Delete
NAME	NOVENSON, ROBERT B.	
STREET ADDRESS	8210 AQUILA ST #227	
CITY- ST- ZIP	PORT RICHEY FL 34668	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NOVENSON, MARCUS J	
STREET ADDRESS	8210 AQUILA ST #227	
CITY- ST- ZIP	PORT RICHEY FL 34668	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NOVENSON, APRIL L	
STREET ADDRESS	8210 AQUILA ST #227	
CITY- ST- ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Robert B. Novenson* ROBERT B. NOVENSON

4-18-01

727-842-3509

Date

Daytime Phone #

CR2E034 (10/00)