

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90465 020 ***150.00

04/21/03 08:00 AM

DOCUMENT # S69614

1. Entity Name
ZEDA, INC.



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

Mailing Address
8210 AQUILA ST
227
PORT RICHEY FL 34668
US

11002681



2. Principal Place of Business
9721 Delray Drive
Suite, Apt. #, etc.

3. Mailing Address
9721 Delray Drive
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
New Port Richey, FL

City & State
New Port Richey, FL

4. FEI Number **59-3079296**

Applied For
Not Applicable

Zip
34654

Country

Zip
34654

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

9721 Delray Drive

City **New Port Richey**

FL

Zip Code **34654**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **NOVENSON, ROBERT B.**
STREET ADDRESS **8210 AQUILA ST #227**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Change ☐ Addition
NAME **9721 Delray Drive**
STREET ADDRESS **New Port Richey, FL** **34654**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **NOVENSON, MARCUS J**
STREET ADDRESS **8210 AQUILA ST #227**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Change ☐ Addition
NAME **9721 Delray Drive**
STREET ADDRESS **New Port Richey, FL** **34654**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **NOVENSON, APRIL L**
STREET ADDRESS **8210 AQUILA ST #227**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Change ☐ Addition
NAME **9721 Delray Drive**
STREET ADDRESS **New Port Richey, FL** **34654**
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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: Robert B. Novenson - REQUIRED President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

727-842-3509

Date

Daytime Phone #

CR2E034 (10/02)