FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 30, 2001 8:00 am Secretary of State **DOCÚMENT # \$82595** 1. Entity Name ZOM RESIDENTIAL SERVICES, INC. 04-30-2001 90050 009 \*\*\*150.00 Principal Place of Business Mailing Address 1950 SUMMIT PARK DRIVE 1960 SUMMIT PARK DRIVE SUITE 300 SUITE 300 ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3083934 Not Applicable Zip Country Zip 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 BOSCHMANS, ERIC F.J. Street Address (P.O. Box Number is Not Acceptable) 1950 SUMMIT PARK DR **STE 300** ORLANDO FL 32810 City Zip Code FI 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 signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. ☐ Addition TITLE ☐ Delete TITLE Change NAME DURA, DANIEL NAME STREET ADDRESS STREET ADDRESS 1950 SUMMIT PARK DR. STE 300 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32810 TITLE Delete TITLE Change ☐ Addition PATTERSON, STEVEN W. NAME NAME STREET ADDRESS 1950 SUMMIT PARK DR, STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 DVST TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOSCHMANS, ERIC F. NAME NAME STREET ADDRESS 1950 SUMMIT PARK DR. STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 TITLE ☐ Delete TITLE Change ☐ Addition **BUCK, STEVE** NAME NAME STREET ADDRESS 1950 SUMMIT PARK DR. STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32810 TITLE ☐ Delete TITLE Change ☐ Addition 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-ZIE CITY-ST-7IP 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 attack sent with an add less, with all other like empowered.

<u>Ērie</u> Ę. J. Boschmans

R PRINTED NAME OF SIGNING OFFENDOLULEING VICE President