

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90121 009 \*\*\*150.00

DOCUMENT # P00000034265

1. Entity Name
BIZZUKA, INC.

Principal Place of Business
100 N. BRUSH STREET, SUITE 100
TAMPA FL 33602

Mailing Address
100 N. BRUSH STREET, SUITE 100
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4617 W. Lowell Ave
Suite, Apt. #, etc.

3. Mailing Address
4617 W. Lowell Ave
Suite, Apt. #, etc.

City & State
Tampa, FL
Zip
33629
Country

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Tampa, FL
Zip
33629
Country

4. FEI Number 59-3653228
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUNSELL, JOHN W
BIZZUKA, INC.
100 N. BRUSH ST., SUITE 100
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4617 W. Lowell Ave
City Tampa FL Zip Code 33629

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] DATE 4/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for John W. Munsell, Michael Munsell, and Lonnie D. Rouse.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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: [Signature] DATE 4/29/02 813-864-3859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRE034 (9/01)