9/15/2002-90092-032-$150.00-$150.00

1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 17 PM 1:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P01000094994

1. Entity Name: BIT INVESTMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2658 KELLEYBROOKE LANE
Suite, Apt. #, etc.:
City & State: DEERFIELD BEACH, FL
Zip: 33442 Country: USA

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1143876 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JOHN GAUDIOSI
Street Address (P.O. Box Number is Not Acceptable): 2658 KELLEYBROOKE LANE
City: DEERFIELD BEACH FL Zip Code: 33442

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] 9/11/02
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN GAUDIOSI, PRES/DIR 2658 KELLEYBROOKE LANE DEERFIELD BEACH, FL 33442	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 871918

292

#P01000094994

HOLIDAY INN CROWNE PLAZA

Please accept this delayed fee.. Caused by name changes and office changes and mis-mailings