

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90062 031 ***150.00

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DOCUMENT # P95000004495
 1. Entity Name
BZLY, INC.

Principal Place of Business 3819 7TH AVENUE TAMPA FL 33619	Mailing Address 8211 W. BROWARD BLVD #410 350 PLANTATION FL 33324
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3322798	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GUTTA
GOHA, FRANK
8211 W. BROWARD BLVD #410 350
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **FRANK GUTTA**
 Street Address (P.O. Box Number is Not Acceptable)
8211 W. BROWARD Blvd # 350
 City **Plantation** FL Zip Code **33324**

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 _____ DATE _____
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. <input type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP D BEASLEY, WILLIAM C/O 112 EAST ST., #B TAMPA FL 33602 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P BLANKE, JOHN 8211 W. BROWARD BLVD #410 PLANTATION FL 33324 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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 persons empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/01)