2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052383

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90169 023 ***150.00

C0058078

DO NOT WRITE IN THIS SPACE

1. Entity Name: B. I. T. GROUP, INC.

Principal Place of Business: 4400 PGA BLVD. #700, PALM BEACH GARDENS, FL 33410

Mailing Address: 4524 GUN CLUB RD #102, WEST PALM BEACH, FL 33415

2. Principal Place of Business: 2295 NW CORPORATE BLVD
Suite, Apt. #, etc.: SUITE 140
City & State: BOCA RATON, FL
Zip: 33431 Country: USA

3. Mailing Address: 2295 NW CORPORATE BLVD
Suite, Apt. #, etc.: SUITE 140
City & State: BOCA RATON, FL
Zip: 33431 Country: USA

4. FEI Number: 65-0675696 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GILBERT MOSEZAR
4400 PGA BLVD #700
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent
Name: MAC BAGBY
Street Address (P.O. Box Number is Not Acceptable): 2295 NW CORPORATE BLVD #140
City: BOCA RATON **FL** Zip Code: 33431

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] MAC BAGBY 4-6-00
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GILBERT MOSEZAR 4400 PGA BLVD #700 PALM BEACH GARDENS FL 33410 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAC BAGBY 2295 NW CORPORATE BLVD #140 BOCA RATON FL 33431 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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] MAC BAGBY, 4-6-00, (561) 241-2829
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #