FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 09, 2002 8:00 am DOCUMENT # 608170 **Secretary of State** 1. Entity Name 07-09-2002 90373 005 ***150.00 NEW BIZ ENTERPRISES, INC. Mailing Address Principal Place of Business B0127595 9033 66TH ST NO 9033 66TH ST NO PINELLAS PK FL 33782 PINELLAS PARK FL 33782 3. Mailing Address 2. Principal Place of Business 9109 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 59-1884713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 0/4/0 ZEPP, WAYNE B Street Address (P.O. Box Number is Not Acceptable) 9033 66TH ST NO PINELLAS PK FL 33782 egistered agent, or both, in the State of Florida. I am familiar with, and accept The above named entire submits this statement for the purpose of changing its registered office or **S**stered the obligations of SIGNATURE d agent and title if applicab FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE PD TITI F Delete ZEPP. WAYNE B NAME NAME STREET ADDRESS STREET ADDRESS 9033 66TH ST NO CITY-ST-ZIP PINELLAS PARK FL 33782 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE SD NAME ZEPP, JANET A NAME STREET ADDRESS 9033 66HT ST NO STREET ADDRESS CITY: ST: 7IP CITY-ST-ZIP PINELLAS PK-FL=33782-Change ☐ Addition ☐ Delete TITLE 2009 00 20 NO NAME NAME STREET ADDRESS STREET ADDRESS Finellas Park, FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE Home Address NAME NAME 7881 15+ AU, SO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplimental 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 regular 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 of the corporation or the reg changed, or on an attached

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Division of Corporations

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