

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000474

1. Entity Name

BIZ BASE TECHNOLOGIES CORPORATION

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90001 001 ***300.00

Principal Place of Business

Mailing Address

4900 MANATEE AVENUE WEST
SUITE 201
BRADENTON FL 34209

4900 MANATEE AVENUE WEST
SUITE 201
BRADENTON FL 34209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0557828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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, 2001 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 PCO
NAME EVANS, MURRY J
STREET ADDRESS 4900 MANATEE AVENUE WEST, STE 201
CITY-ST-ZIP BRADENTON FL

☒ Delete

TITLE NAME V
NAME ETCHIESON, MICHAEL
STREET ADDRESS 4900 MANATEE AVE WEST, STE 201
CITY-ST-ZIP BRADENTON FL 34209

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)