

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90016 023 ***150.00

DOCUMENT # F95000005846

1. Entity Name

BIT HOLDINGS SEVENTEEN, INC.

Principal Place of Business

**C/O HENRY C. PITTS
2 HOPKINS PLAZA
BALTIMORE MD 21201**

Mailing Address

**C/O DEBORAH R CHAMBLISS
SUITE 804, BIT HOLDINGS, 2 HOPKINS PLAZA
BALTIMORE MD 21201
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
526 E PARK AVE #200
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | PITTS, HENRY C | |
| STREET ADDRESS | 2 HOPKINS PLAZA | |
| CITY-ST-ZIP | BALTIMORE MD 21201 | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | CHAMBLISS, DEBORAH R | |
| STREET ADDRESS | 2 HOPKINS PLAZA | |
| CITY-ST-ZIP | BALTIMORE MD | |
| TITLE | DV S | <input type="checkbox"/> Delete |
| NAME | SCHENNING, DAVID C | |
| STREET ADDRESS | 2 HOPKINS PLAZA | |
| CITY-ST-ZIP | BALTIMORE MD 21201 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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:


Deborah R. Chambliss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

(410) 237-5424