

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90073 049 ***150.00

0054219 AV

DOCUMENT # H48353

1. Entity Name
BYTESIZE, INC.

Principal Place of Business
11542 CLEAR CREEK DR.
PENSACOLA FL 32514

Mailing Address
11542 CLEAR CREEK DR.
PENSACOLA FL 32514

B0004251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2529492**

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

7. Name and Address of New Registered Agent

RAY & KIEVIT LAW FIRM
15 WEST MAIN STREET
PENSACOLA FL 32501

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. If 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, 2002 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 | DP BLANCHARD, DALLAS A. | <input type="checkbox"/> Delete |
| STREET ADDRESS | 11542 CLEAR CREEK DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE NAME | DST BLANCHARD, GLENDA H. | <input type="checkbox"/> Delete |
| STREET ADDRESS | 11542 CLEAR CREEK DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
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| 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: Dallas A. Blanchard **SIGNATURE REQUIRED** DALLAS A. BLANCHARD 1/5/02 850-968-6909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)