DEC-09-2003(TUE) 15:46 MARK BRECHBILL CPAs (FAX)7[illegible]0 1701 P.002/002

L02000033355

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 AM 9:34

LR 12/26

DOCUMENT # L02000033355

1. Entity Name

BIZFLEET SERVICES, LLC
REINSTATEMENT 2003

100025539931
12/16/03--01072--012 **55.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2020 Patterson Ave	PO Box [illegible] 2311
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, FL	City & State: Stuart, FL
Zip: 33040 Country: U.S.A.	Zip: 34995 Country: U.S.A.

4. FEI Number — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $6.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Mark Brechbill - CPAs

Street Address (P.O. Box Number is Not Acceptable): 215 S. Federal Hwy Suite #100

City: Stuart FL Zip Code: 34994

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $61.25
Make Check Payable to Florida Department of State
DUE BY 5/1/04

9. MANAGING MEMBERS / MANAGERS

TITLE	Manager
NAME	William Scott Jackson
STREET ADDRESS	2020 Patterson Ave
CITY-ST-ZIP	Key West, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	REINSTATEMENT 2003
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E063B (1/2/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: S Gackson 12-8-03 800-531-3067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #