

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000174

1. Entity Name

BIZ TRACK CORP., L.C.

Principal Place of Business

415 N STATE RD 7
MARGATE FL 33063

Mailing Address

415 N STATE RD 7
MARGATE FL 33063

2. Principal Place of Business

6067 GEORGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 512537

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

4. FEI Number

65-0413911

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JAMES B
415 N STATE RD 7
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

MILLER, JAMES B

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

6067 GEORGE ROAD

City

PUNTA GORDA

FL

Zip Code

33982

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

JAMES B. MILLER

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

James B. Miller

(NOTE: Registered Agent signature required when reinstating)

7/9/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MILLER, JAMES B
STREET ADDRESS 415 N STATE RD 7
CITY-ST-ZIP MARGATE FL 33063
SEE ADDRESS CHANGE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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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:

James B. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/9/01

Date

941-833-5517

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE