

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90178 019 ***550.00

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DOCUMENT # M41030

1. Entity Name
BIZCO, INC.



Principal Place of Business
**6080 S. CONGRESS AVE
LANTANA FL 33462**

Mailing Address
**6415 LAKE WORTH ROAD
SUITE 209
GREENACRES FL 33463**

Notes



2. Principal Place of Business

3. Mailing Address

6495 Lake Worth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenacres FL

4. FEI Number **59-2734873**

Applied For

Not Applicable

Zip Country

Zip Country

33463

Fla

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BISIGNANO, DIANE T
6415 LAKE WORTH ROAD
SUITE 209
GREENACRES FL 33463**

7. Name and Address of New Registered Agent

Name

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

6495 Lake Worth Rd

Greenacres

FL

Zip Code

33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	P BISIGNANO, JOSEPH P. 6415 LAKE WORTH ROAD GREENACRES FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6495 Lake Worth Rd Greenacres FL 33463
<input type="checkbox"/> Delete	VP BISIGNANO, DIANE 6415 LAKE WORTH ROAD GREENACRES FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6495 Lake Worth Rd
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diane Bisignano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/03 901/792-4677

Daytime Phone #

CR2E034 (4/03)