

May-01-01 03:06P

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90800 032 \*\*\*150.00

**DOCUMENT #** P00000033910

1. Entity Name

Byz Corex Inc

Principal Place of Business

Mailing Address

103 Lucky Dr.

PO Box 1888

Ormond FL 32176

Ormond Fl 32175

2. Principal Place of Business

3. Mailing Address

103 Lucky Dr.

PO Box 1888

Suite, Apt. #, etc

Suite, Apt. #, etc

659169

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

Ormond FL

Ormond FL

Zip

Country

Zip

Country

32176

32175

4. FEI Number

Applied For

59-3628074

Not Applicable

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

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 renewing)

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**  
**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 ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Delete  
 NAME  
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 CITY- ST- ZIP

TITLE ☐ Change ☒ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED034 (1/1/00)

Attachment [REDACTED]  
659169  
P00000033910 [REDACTED]

MAY 2, 2001

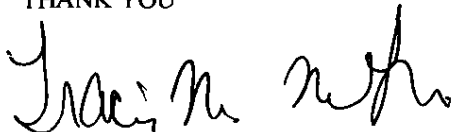
TO WHOM IT MAY CONCERN:

IN REFERENCE TO THE ANNUAL REPORT THAT IS ENCLOSED, I WAS NOT AWARE THAT THIS FORM NEEDED TO BE FILED. I DID NOT RECEIVE THE ORIGINAL OR PREPRINTED FORM IN THE MAIL, AND SINCE I WAS NOT AWARE OF THIS UNTIL THE DAY BEFORE IT WAS DUE I AM ASKING FORBEARANCE ON THE LATE FILING FEE.

I AM STILL STRUGGLING TO GET MY COMPANY OFF THE GROUND. IT HAS NOT DONE VERY WELL IN THE FIRST YEAR. I WILL HOWEVER MAKE SURE THAT THIS REPORT IS MY FIRST PRIORITY IN APRIL EVERY YEAR FROM NOW ON AND HOPE YOU CAN WAIVE THE FEE.

I AM ENCLOSING THE SIGNED FORM WITH ONE ADDITION ON IT AND WITH MY NEW MAILING ADDRESS WITH A CHECK FOR \$150.

THANK YOU



TRACIE M. MCGUIRE