

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90031 027 ***158.75

DOCUMENT # **P00000050065** ✓

1. Entity Name

PIXEL WIZARD International Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5065 47th Street West
Suite, Apt. #, etc.

3. Mailing Address

5065 47th St. West
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

345-48-0800

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MARK R Jones

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

5065 47th St. West

City

Bradenton

FL

Zip Code

34210

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]

(Not a Registered Agent Signature required when filing)

4/24/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	President
NAME	MARK R. JONES
STREET ADDRESS	5065 47th St. West
CITY-ST-ZIP	Bradenton FL 34210
TITLE	
NAME	
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	

TITLE

NAME

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

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**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 9411737-7900

Date

Daytime Phone #

CR2E034B (12/01)