

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051622

1. Entity Name

EBIZNET.COM CORPORATION
EBIZNET CORPORATION

Principal Place of Business

Mailing Address

1450 S. DIXIE HIGHWAY
SUITE 101
BOCA RATON FL 33432

1450 S. DIXIE HIGHWAY
SUITE 101
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1016960

Applied For

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

HALE, WILLIS B
1450 S. DIXIE HIGHWAY
SUITE 101
BOCA RATON FL 33432

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 reinstating)

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
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willis Hale
STREET ADDRESS	2431 Bimini Lane
CITY-ST-ZIP	Ft. Lauderdale, FL 33312
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Harold Rice
STREET ADDRESS	912 E. 63 St., Ste. 200
CITY-ST-ZIP	Kansas City, Mo. 64110
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Lester Mehr
STREET ADDRESS	257 N. W. 95th Ave.
CITY-ST-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willis Hale

4/25/01

561-447-8804

Date

Daytime Phone #

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-11-2001 90061 011 ***150.00

47817



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)