

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90212 022 ***150.00

DOCUMENT # P01000014839

1. Entity Name
BIZ ESSENTIALS, INC.

Principal Place of Business
16436 ARROWHEAD TRAIL
CLERMONT FL 34711

Mailing Address
16436 ARROWHEAD TRAIL
CLERMONT FL 34711



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
604 Johns Landing Way
 Suite, Apt. #, etc.

3. Mailing Address
604 Johns Landing Way
 Suite, Apt. #, etc.

City & State
Oakland FL
 Zip
34787
 Country
USA

City & State
Oakland FL
 Zip
34787
 Country
USA

4. FEI Number
59-3701879
 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BASSO, ROCCO V
16436 ARROWHEAD TRAIL
CLERMONT FL 34711
604 Johns Landing Way
Oakland FL 34787

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 reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSO, ROCCO V		NAME	604 Johns Landing Way	
STREET ADDRESS	16436 ARROWHEAD TRAIL		STREET ADDRESS	Oakland FL 34787	
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASSO, LOURDES		NAME	604 Johns Landing Way	
STREET ADDRESS	16436 ARROWHEAD TRAIL		STREET ADDRESS	Oakland FL 34787	
CITY-ST-ZIP	CLERMONT FL 34711		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Rocco V. Basso** President 4/26/02 407-477-7749
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #