

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90044 024 ***150.00

DOCUMENT # P01000032384

1. Entity Name

BIZ MAIL CORPORATION

Principal Place of Business

**PO BOX 1527
 NOKOMIS FL 34274-1527**

Mailing Address

**PO BOX 1527
 NOKOMIS FL 34274-1527**

2. Principal Place of Business

319 DEGAS DR.

Suite, Apt. #, etc.

3. Mailing Address

319 DEGAS DR.

Suite, Apt. #, etc.

City & State

NOKOMIS FL

City & State

NOKOMIS FL

Zip

Country

34275-1316 USA

Zip

Country

34275-1316 USA

4. FEI Number

65-1105279

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KROLL, KAREN
 319 DEGAS DRIVE
 NOKOMIS FL 34275**

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 **Karen Kroll, KAREN KROLL, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

4/20/02
 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, 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **KAREN KROLL**
 CITY-ST-ZIP **319 DEGAS DR.
 NOKOMIS FL 34275**

TITLE ☐ Change ☒ Addition
 NAME **ROBERT MACINTOSH**
 STREET ADDRESS **VICE-PRESIDENT**
 CITY-ST-ZIP **128 W. VENICE AVE.
 VENICE FL 34285**

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **DEREK BRIGGS**
 CITY-ST-ZIP **319 DEREL BRIGGS
 NOKOMIS FL 34275**

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **AMANDA KROLL**
 CITY-ST-ZIP **319 DEGAS DR.
 NOKOMIS FL 34275**

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

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: **Karen Kroll, KAREN KROLL, PRES.** **4/20/02** **(941) 966-6245**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/01)