

FILED

Jun 27, 2002 8:00 am
Secretary of State

05-22-2002 90234 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036703


1. Entity Name
BIZLIFE CORPORATION

05-22-2002 90234 006 ***150.00

Principal Place of Business
8695 COLLEGE PARKWAY
STE-300
FT. MYERS FL 33919

Mailing Address
8695 COLLEGE PARKWAY
STE. 300
FT. MYERS FL 33919

36968



2. Principal Place of Business
4647 SE 17th Pl.
Suite, Apt. #, etc. Suite 304
City & State Cape Coral FL
Zip 33904 Country U.S.

3. Mailing Address
P.O. Box 100235
Suite, Apt. #, etc.
City & State Cape Coral FL
Zip 33910 Country U.S.

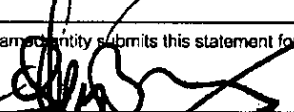
4. Fed Number 705-482-1215
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
FRANDSEN, STEEN B
8695 COLLEGE PARKWAY
STE. 300
FT. MYERS FL 33919

7. Name and Address of New Registered Agent
Name
Street Address 4647 SE 17th Pl. #304
City Cape Coral FL Zip 33910

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) ☐

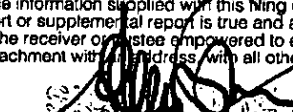
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE D
NAME FRANDSEN, STEEN B
STREET ADDRESS 8695 COLLEGE PKWY., STE-300
CITY-ST-ZIP FT. MYERS FL 33919
Delete ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

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.

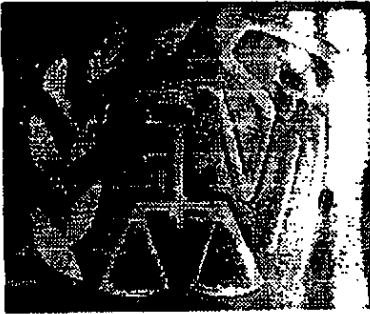
SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)

Attachment

Internal Revenue Service



Accounts Management Division I

Branch II - Teletin Unit

Stop 751

PO Box 47421

Chamblee, GA 30362

Phone 678-530-7234/7235

Fax 678-530-6156

36968

#p01000036703

Date: May 10, 2001

Employee Identification: 0716933153

TO:	SHANNON L. K	FAX:	941-482-1215
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	BIZLIFE CORP	Employer ID #	65-1101372
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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