

FILED
Aug 05, 2003 8:00 am
Secretary of State

04-30-2003 90139 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000070886			
1. Entry Name BIZENOMICS, INC.			
Principal Place of Business 104 10TH ST NORTH NAPLES, FL 34102		Mailing Address PO BOX 2620 MARCO ISLAND, FL 34146	
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 20-0008380		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYANT, LESLIE P 404 NASSAU CT MARCO ISLAND, FL 34146		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE <i>Leslie P Bryant</i>		DATE 7/31/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when appointing)	
FEE: \$150.00 (SEE 6-4380.00) After May 1, 2003, it will be \$50.00. Appointed 12/01/02 at \$50.00. Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME Leslie P Bryant		NAME	
STREET ADDRESS 404 Nassau Ct		STREET ADDRESS	
CITY-ST-ZIP Marco Island, FL 34146		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Leslie P Bryant</i>		DATE 7/31/03 DAYTIME PHONE # 239-572-3173	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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CR20034 (10/02)