

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91480 012 \*\*\*150.00

FORM 12  
AV

**DOCUMENT # P93000018807**

1. Entity Name  
**BIZCOR, INC.**



Principal Place of Business  
1216 SW 18TH STREET  
CAPE CORAL FL 33991

Mailing Address  
1216 SW 18TH STREET  
CAPE CORAL FL 33991



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0393980** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CUSHION, WILLIAM E**  
**1417 DEL PRADO BLVD.**  
**CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent  
Name **CUSHION, WILLIAM E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1216 S.W. 18th ST**  
City **CAPE CORAL, FL** Zip Code **FL 33991**

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 William E. Cushion (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>CUSHION, WILLIAM E</b> <b>1417 DEL PRADO BLVD.</b> <b>CAPE CORAL FL 33990</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>CUSHION, WILLIAM E</b> <b>1216 S.W. 18th ST</b> <b>CAPE CORAL, FL 33991</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>JONES, BARBARA M</b> <b>1417 DEL PRADO BLVD.</b> <b>CAPE CORAL FL 33990</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>JONES, BARBARA</b> <b>1216 S.W. 18th ST</b> <b>CAPE CORAL, FL 33991</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: SIGNATURE REQUIRED DATE: 4-28-03 DAYTIME PHONE #: 239 574 29049

CR2E034 (10/02)