

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009296

1. Entity Name

BIT-CON, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90094 031 \*\*\*150.00

Principal Place of Business

3111 UNIVERSITY DR.  
SUITE 1000  
CORAL SPRINGS FL 33065

Mailing Address

3111 UNIVERSITY DR.  
SUITE 1000  
CORAL SPRINGS FL 33431-1805

CU037920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3020 N. MILITARY TRAIL

3. Mailing Address

P.O. Box 970386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

Zip

33497

Country

4. FEI Number

65-0473092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARGEANT, HARRY JR.  
3111 UNIVERSITY DR.  
SUITE 1000  
CORAL SPRINGS FL 33065

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.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	HARRY SARGEANT	12120 EAGLETRACE BLVD N	CORAL SPRING FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DAINEL SARGEANT	5788 NW 50 CT	CORAL SPRINGS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JHON CHELGREN	1114 MAPLE CHASE DR	BOCA RATON FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ANTHONY MYERS	30 RED DR	BAHAMAS NA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

2/21/00 (561) 999-9916

CR2E034 (9/99)