

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009296

1. Entity Name
BIT-CON, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90353 032 ***150.00

Principal Place of Business

Mailing Address

**3020 N MILITARY TRAIL
STE 100
BOCA RATON FL 33431**

**PO BOX 970386
BOCA RATON FL 33497**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0473092**

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

**3020 N. MILITARY TRAIL
STE 100**

BOCA RATON

FL

Zip Code 33431

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 date if applicable.

HARRY SARGEANT, JR. MARCH 1, 2001

(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, 2001 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 ☐ Delete
NAME **D HARRY SARGEANT**
STREET ADDRESS **12120 EAGLETRACE BLVD N**
CITY-ST-ZIP **CORAL SPRING FL**

TITLE ☐ Change ☐ Addition
NAME **ADD "JR." TO LAST NAME**
STREET ADDRESS **8682 SAWPINE RD.**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ Delete
NAME **D DAINEL SARGEANT**
STREET ADDRESS **5788 NW 50 CT**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME **CORRECT SPELLING: DANIEL**
STREET ADDRESS **2101 SPANISH RIVER ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE ☒ Delete
NAME **JHON CHELGREN**
STREET ADDRESS **1114 MAPLE CHASE DR**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE ☐ Delete
NAME **D ANTHONY MYERS**
STREET ADDRESS **30 RED DR**
CITY-ST-ZIP **BAHAMAS NA**

TITLE ☐ Change ☐ Addition
NAME **#6 OLD FORT BAY**
STREET ADDRESS **NASSAU, BAHAMAS**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY SARGEANT, JR. MARCH 1, 2001

Date

Daytime Phone #

CR2E034 (10/00)