## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <b>P94000026209</b> /					FILED			
1. Entity Name  IBIZ TECHNOLOGY CORP.					Sep 18, 2000 8:00 am Secretary of State			
Principal Place of Business Mailing Address					0 <b>5 10 2</b> 000 .	330	,	
2331 WEST ROYAL PALM SUITE 105 PHOENIX AZ 85021  2331 WEST ROYAL PALM SUITE 105 PHOENIX AZ 85021  PHOENIX AZ 85021					1 ( <b>24</b> (( <b>24</b> ) 21 <b>4</b> ( <b>25</b> )) <b>25</b> (( <b>25</b> ))		<b>18</b> 11 <b>3</b> 2821 ( <b>38</b> 1	
2. Principal Place of Business 1919 W. Lune Cactus Dv.  Suite, Apt. #, etc.  3. Mailing Address 1919 W. Lune Cactus Dv.  Suite, Apt. #, etc.			actus Dr.		DO NOT WRITE	E IN THIS SPACE		
City & State	x Az	Phyliux Az		4. F	El Number <b>86-093389</b>	U ———	oplied For ot Applicable	
Zip 850	Country	85027	Country USA	5. C	ertificate of Status Desired	See Require		
030	6. Name and Address of Current Re		VEOR	7. N	ame and Address of New Re	. <u></u>		
Name								
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	,		City	<u> </u>		FL Zip Cod		
8. The above named entity submits this statement for the purpose of changing its regist  1. The above named entity submits this statement for the purpose of changing its regist.				acistored age	at or both in the State of Flor			
5. The above	riamed entry submits this statement for the	ne purpose or crianging its reg	placered Office Of Te	sgistered age	R, Or Dour, in the otate of 170	ida.		
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  After SEPTEMBER 13, 2000 M  Make Check Payable to Dep				\$750.00	10. Election Campaign Fina Trust Fund Contribution		May Be I to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ADD	ITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHILLING, KENNETH 8512 W. VIA MONTOYA PEORIA AZ 85382	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERKINS, MARK 16410 N. 9TH PLACE PHOENIX AZ 85022	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition	
TITLE	VD RATLIFF, TERRY 5312 W. WESTWIND DRIVE GLENDALE AZ 85310	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	the second se		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ALAN 999 W. HASTINGS STREET, STE. VANCOUVER NC V6C -2W2	□ Delete 1750	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	55121	A. RATLIFF W. WESTWIND B Jale AZ 853	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	sertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my seried to execute this report as i	ionature shall hav	e the same le	gal effect as if made under o:	ath: that I am an officer	or director 1	

623 492-9200