

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-05-2001 90350 021 ***150.00

DOCUMENT # P94000026209

1. Entity Name
IBIZ TECHNOLOGY CORP.

Principal Place of Business
1919 W LANE CACHUS DRIVE
PHOENIX AZ 85027

Mailing Address
1919 W LANE CACHUS DRIVE
SUITE 105
PHOENIX AZ 85027

2. Principal Place of Business
1919 W. Lone Cactus Dr.
 Suite, Apt. #, etc.

3. Mailing Address
1919 W. Lone Cactus Dr.
 Suite, Apt. #, etc.

City & State
Phoenix Az
 Zip
85027

City & State
Phoenix
 Zip
Az

Country
85027

4. FEI Number **86-0933890**

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 **PD** ☐ Delete
 NAME **SCHILLING, KENNETH**
 STREET ADDRESS **8512 W. VIA MONTOYA**
 CITY-ST-ZIP **PEORIA AZ 85382**

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

TITLE **VD** ☐ Delete
 NAME **PERKINS, MARK**
 STREET ADDRESS **16410 N. 9TH PLACE**
 CITY-ST-ZIP **PHOENIX AZ 85022**

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

TITLE **VD** ☐ Delete
 NAME **RATLIFF, TERRY**
 STREET ADDRESS **5312 W. WESTWIND DRIVE**
 CITY-ST-ZIP **GLENDALE AZ 85310**

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

TITLE **D** ☒ Delete
 NAME **SMITH, ALAN**
 STREET ADDRESS **999 W. HASTINGS STREET, STE. 1750**
 CITY-ST-ZIP **VANCOUVER NC V6C -2W2**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **COO**
 STREET ADDRESS **James A. RATLIFF**
 CITY-ST-ZIP **5312 W. WESTWIND DR**
Glendale Az 85310

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

Date

Daytime Phone #

CR2E034 (10/00)