

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90145 014 \*\*\*550.00

**DOCUMENT # P94000026209**

**1. Entity Name**  
**IBIZ TECHNOLOGY CORP.**

**Principal Place of Business**

**1919 W LANE CACTUS DR**  
**PHOENIX AZ 85027**

**Mailing Address**

**1919 W LANE CACTUS DR**  
**PHOENIX AZ 85027**

**2. Principal Place of Business**

**2238 W. LONE CACTUS DR**

Suite, Apt. #, etc.

**200**

City & State

**PHOENIX, AZ**

Zip

**85027**

Country

**USA**

**3. Mailing Address**

**2238 W LONE CACTUS DR**

Suite, Apt. #, etc.

**200**

City & State

**PHOENIX, AZ**

Zip

**85027**

Country

**USA**

**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**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** COO ☒ Delete  
**NAME** RATLIFF, JAMES A  
**STREET ADDRESS** 5312 W WESTWIND DR  
**CITY-ST-ZIP** GLENDALE AZ 85310

**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**

**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:** *Mark Perkins* **MARK PERKINS** **8-22-2002** **623 492-9200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)