

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90137 044 \*\*\*150.00

DOCUMENT # P95000066131

1. Entity Name  
BITNER.COM/ORLANDO INC.



Principal Place of Business  
401 W. COLOIAL DRIVE  
STE ONE  
ORLANDO FL 32804  
US

Mailing Address  
401 W. COLOIAL DRIVE  
STE ONE  
ORLANDO FL 32804  
US

2. Principal Place of Business

712 Bryn Mawr St.

3. Mailing Address

712 Bryn Mawr St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

USA

Zip

32804

Country

USA

6. Name and Address of Current Registered Agent

RICHARDSON, GEX  
333 NORTH NEW RIVER DR. EAST  
STE 9000  
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name Pickett, Don

Street Address (P.O. Box Number is Not Acceptable)

Pickett, Marshall E Glassman

330 Clematis St. Suite 201

City West Palm Beach

FL

Zip Code

33401

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 *Cynthia Gonzalez*

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

3/19/03

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ST  
NAME BITNER, GARY E.  
STREET ADDRESS 890 SW 20TH ST  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE P  
NAME HENNESSY, KIMBRA  
STREET ADDRESS 106 SWEET BAY LN  
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/03

407 423-2433

Date

Daytime Phone #

CR2E034 (10/02)