

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056211

Entity Name
BITWIZE ENGINEERING, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State
09-13-2000 90053 001 ***550.00

Principal Place of Business
5417 PITCH PINE DRIVE
ORLANDO FL 32819

Mailing Address
5417 PITCH PINE DRIVE
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3391264
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CRAMER, CHARLES W
1420 EDGEWATER DRIVE
ORLANDO FL 32804

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.

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, 2000 Min. 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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	STEPHENS, ROSS P	NAME	
STREET ADDRESS	5417 PITCH PINE DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	
TITLE	ST	TITLE	ST
NAME	ANDERSEN, MARK J	NAME	STEPHENS, CLAUDIA P
STREET ADDRESS	2513 DOVETAIL DR	STREET ADDRESS	5417 PITCH PINE DR.
CITY-ST-ZIP	OCOE FL 34761	CITY-ST-ZIP	ORLANDO, FL 32819
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

3. 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] PRESIDENT
Date 9/10/2000 Daytime Phone # (407) 522-7276