

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90170 029 \*\*\*150.00

**DOCUMENT # P96000094554**

1. Entity Name  
**BIZWAY, INC.**

Principal Place of Business  
**1515 UNIVERSITY DRIVE**  
**STE 111**  
**CORAL SPRINGS FL 33071**  
**US**

Mailing Address  
**1515 UNIVERSITY DRIVE**  
**STE 111**  
**CORAL SPRINGS FL 33071**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8010 W McNab Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8010 W McNab Rd**  
 Suite, Apt. #, etc.

City & State  
**N. Lauderdale**  
 Zip  
**33068**  
 Country

City & State  
**N. Lauderdale**  
 Zip  
**33068**  
 Country

4. FEI Number **65-0711150**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LIVIGNE, GARY F**  
**1515 UNIVERSITY DRIVE**  
**STE 111**  
**CORAL SPRINGS FL 33071**

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

Name  
**GARY F. LIVIGNE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8010 W McNab Road**  
 City  
**North Lauderdale FL** Zip Code  
**33068**

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

**1-10-02**

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, 2002 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIVIGNE, GARY F	
STREET ADDRESS	1515 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CEO, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Livigne, Gary	
STREET ADDRESS	8010 W McNab Rd	
CITY-ST-ZIP	N. Lauderdale, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-10-02 954-720-4511**

CR2E034 (9/01)