FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90292 046 ***150.00

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DOCUMENT # P97000017729

1. Entity Name

BITZEE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
7205 Estero Boulevard Suite, Apt. #, etc.	7205 Estero Boulevard Suite, Apt. #, etc.	
City-State Fort Myers Beach FL 33931	City-State Fort Myers Beach FL 33931	4. FEI Number 65-0773923 — Applied For ☐
		☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

Name: McDanel, Carole
Street Address (P.O. Box Number is Not Acceptable): 7205 Estero Boulevard
City: Fort Myers Beach **FL** Zip Code: 33931

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PSTD	TITLE	
NAME	McDanel, Carole	NAME	
STREET ADDRESS	6100 Estero Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Fort Myers Beach, FL 33931	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	McDanel, Dewayne	NAME	
STREET ADDRESS	6100 Estero Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Fort Myers Beach FL 33931	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carole G. McDanel CAROLE G. McDANEL 4-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone