2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 105

685 ROYAL PALM BEACH

ROYAL PALM BEACH FL 33411

P97000057298 **DOCUMENT #**

1. Entity Name

SUITE 105

BIZICK ENTERPRISES, INC.

Principal Place of Business

ROYAL PALM BEACH FL 33411

685 ROYAL PALM BEACH



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90095 022 ***150.00

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		3. Mailing Address	te Conterl	η <u>.</u>			10101 1011 1001
130 C Suite, Apt.		1322 (Araba Suite, Apt. #, etc.)	ate uner	1			
Suite 1050 Suite 1050 City & State City & State					CHECK HERE IF MAKING CHANGES		
City & Stat	E.	4. FEI Number 65-0764328			oplied For		
Welly	aton to	Wellington	Country	271			ot Applicable
² 334	Country	72414	Country	5	. Certificate of Status Desired	**************************************	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
	Name						
BIZICK, R	Street Address (P.O. Box Number is Not Acopptable)						
685 ROYA	BOD Carporate Center Ur						
SUITE 105							
ROYAL PALM BEACH FL 33411					F	Zip Code	e
• The chave	named antity a density this atotomout for the	ha nurnaga of abagaing ita ra	LAJeli		<u>-</u>	<u> </u>	14 22d 2222t
	 named entity submits this statement for the title tions of registered agent. 	ne purpose of changing its re-	distated office of tei	gistered i	agent, or both, in the State of Florida. Ta	m laminai wim,	and accept
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	egistered Agent signature n	equired whe	n reinstating) DAT	Ē	
	ILE NOW!!! FEE IS \$150.00				-]	•	~.
	r May 1, 2003 Fee will be \$550.00			,	9. Election Campaign Financing		May Be
	k Payable to Florida Department of S	State			Trust Fund Contribution.	⊔ Added	d to Fees
10.	, OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
TITLE	DP	☐ Delete	TITLE			☐ Change	Addition
NAME	BIZICK, RONALD G		NAME				
STREET ADDRESS	685 ROYAL PALM BEACH (300)						
	ROYAL PALM-BEACH FL 33411 (L	- 1\					
TITLE NAME	D Belski, Michael	Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	13343 KINGSBURY DR		STREET ADDRESS				
CITY-ST-ZIP	WELLINGTON FL 33414	a a managaran a sa sa	CITY-ST-ZIP		مستهرين جاري المرادي المرادي المرادي المستهرين		
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	•		☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	,			
TITLE		☐ Delete	TITLE	•	•	☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				İ
	I certify that the information supplied with th	is filing does not qualify for th	e exemption stated	in Sectio	n 119.07(3)(i), Florida Statutes, I further o	 certify that the in	nformation
indicated	on this report or supplemental report is true	ue and accurate and that my	signature shall have	the sam	ne 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 attachmen with an address, with all other like empowered. SIGNATURE:

561-793.8400