

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012681

1. Entity Name

BITPLAYER, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90424 013 ***150.00

Principal Place of Business

Mailing Address

4911 BUCK LAKE RD.
TALLAHASSEE FL 32311

4911 BUCK LAKE RD.
TALLAHASSEE FL 32311-5541

00079260



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5040 BARFIELD ROAD

5040 BARFIELD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE FLORIDA

TALLAHASSEE FLORIDA

4. FEI Number

59-3491217

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

USA

32308

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINSTEIN, LARRY R

4911 BUCK LAKE RD.

TALLAHASSEE FL 32311

5040 BARFIELD ROAD
32308

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

Larry R. Weinstein

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

(NOTE: Registered Agent signature required when reinstating)

4/24/2000

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WEINSTEIN, LARRY R
STREET ADDRESS 4911 BUCK LAKE RD.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5040 BARFIELD ROAD
CITY-ST-ZIP TALLAHASSEE, FLORIDA 32308

TITLE STV ☐ Delete
NAME SLAGER, BRUCE
STREET ADDRESS 4911 BUCK LAKE RD.
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Bruce Slager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

Date

850-671-3075

Daytime Phone #

CR2E034 (9/99)