2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am DOCUMENT # P98000057890 Secretary of State 1. Entity Name **BIZ-TEC MARKETING, INC.** 03-01-2001 91349 036 ***158.75 Mailing Address Principal Place of Business 7555 FAIRWAY WOODS DRIVE 7555 FAIRWAY WOODS DRIVE SARASOTA FL 34238 SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address P.o. Box 3015 Suite, Apt. #, etc. 2278 N.W. PINE Creek Aue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3526921 Arcabia, Fl Not Applicable redia \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SKEVINGTON, STEPHEN-SR-Street Address (P.O. Box Number is Not Acceptable) 4820 MIDDLE AVE SARASOTA FL 34234 Zio 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME SKEVINGTON, STEPHEN NAME STREET ADDRESS STREET ADDRESS PO BOX 3015 N/A CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL 34265 ☐ Chance ☐ Addition Delete TITLE TITLE DEMAYO, PEGGY K NAME NAME STREET ADDRESS STREET ADDRESS 7555 FAIRWAY WOODS DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 ☐ Change ☐ Addition TITLE Delete TITLE NAME FRANCISCO, ROBERT J NAME STREET ADDRESS STREET ADDRESS 7555 FAIRWAY WOODS DRIVE CITY-ST-ZIE CITY-ST-ZIP SARASOTA FL 34238 Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition