

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90054 027 ***150.00

00041603



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000062510

1. Entity Name

BIZYNET, INC.

Principal Place of Business

Mailing Address

**9544 BRENTWOOD BOULEVARD
 NAVARRE FL 32566-2818**

**9544 BRENTWOOD BOULEVARD
 NAVARRE FL 32566-2818**

2. Principal Place of Business

3. Mailing Address

9466 NAVARRE PARKWAY

9466 NAVARRE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

SUITE C

City & State

City & State

NAVARRE FL

NAVARRE FL

Zip

Country

Zip

Country

32566-3039 SANTA ROSA

32566-3039 SANTA ROSA

6. Name and Address of Current Registered Agent

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JEFFREY S. NORTON VP/CFO 4-21-00

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	VDT	<input type="checkbox"/> Delete
NAME	NORTON, JEFFREY S	
STREET ADDRESS	9544 BRENTWOOD BOULEVARD	
CITY-ST-ZIP	NAVARRE FL 32566-2818	
TITLE	P	<input type="checkbox"/> Delete
NAME	GUNN, CHRISTOPHER G	
STREET ADDRESS	2301 HWY 98 WEST #25	
CITY-ST-ZIP	MARY ESTHER FL 32569-2157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

850-936-4573

Daytime Phone #

CR2E034 (9/99)