

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000099071****1. Entity Name**
II BITS, INC.**FILED**
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90134 047 ***150.00

Principal Place of Business**Mailing Address****1810 NE 25TH ST**
LIGHTHOUSE POINT FL 33064**2625 SUGARLOAF LANE**
FT LAUDERDALE FL 33312**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0877769**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



911354

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****TRICK, WILLIAM W JR**
1216 E ATLANTIC BLVD, SUITE 7
POMPANO BEACH FL 33060

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

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, 2001 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** **PTD** ☐ Delete
NAME **NAGORSKI, ANDREW G**
STREET ADDRESS **2655 SUGARLOAF LANE**
CITY-ST-ZIP **FT LAUDERDALE FL 33312****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **VSD** ☐ Delete
NAME **NAGORSKI, JANET**
STREET ADDRESS **2625 SUGARLOAF LANE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 approvals.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew G. Nagorski, President, Jan. 24, 2001

Date

Daytime Phone

CR2E034 (10/00)