

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000062421**

1. Entity Name

BIZWIZ ENTERPRISES, INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91074 008 ***150.00

Principal Place of Business

813 E. BLOOMINGDALE AVE., PMB-408
BRANDON FL 33511

Mailing Address

813 E. BLOOMINGDALE AVE., PMB-408
BRANDON FL 33511

2. Principal Place of Business

3725 Bob Evans Dr.

Suite, Apt. #, etc.

3. Mailing Address

3725 Bob Evans Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

VALRICO, FL

City & State

VALRICO, FL

4. FEI Number

59-3590801

Applied For

Not Applicable

Zip

Country

33594**USA**

Zip

Country

33594**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

HELLMAN, RICHARD E
3725 BOB EVANS DR.
VALRICO FL 33594

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

Richard E. Hellman
Signature, typed or printed name of registered agent and title if applicable.**RICHARD E. HELLMAN**

(NOTE: Registered Agent signature required when reinstating)

5-1-01

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 State10. 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 **HELLMAN, RICHARD E**
STREET ADDRESS **813E. BLOSMINGDALE AVE #408**
CITY-ST-ZIP **BRANDON FL 33511**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **HELLMAN, REBECCA B**
STREET ADDRESS **813 E. BLOOMING DALE AVE #40B**
CITY-ST-ZIP **BRANDON FL 33511**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE:

Richard E. Hellman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**RICHARD E. HELLMAN**

Date

Daytime Phone #

5-1-01 813-244-0988

CR2E034 (10/00)