2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000063516

Entity Name: IZONE.COM, INC.

FILED Jan 08, 2002 8:00 AM Secretary of State

Current P	Principal Plac	e of Business:	New Principal Place	of Business:
	UGLAS RD R, FL 34677			
Current Mailing Address:			New Mailing Address:	
P.O. BOX OLDSMAF	1154 R, FL 34677			
FEI Number	r: 59-3592403	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
281 DOUG OLDSMAR The above	, MICHAEL E GLAS AVE R, FL 34677 e named entity e of Florida.	US submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both.
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SIGNATU				
SIGNATU	RE:	onic Signature of Registered Ag	ent	Date
This corpor	RE: Electro	onic Signature of Registered Ag to satisfy its Intangible Tax filing rec ng Trust Fund Contribution ().		
This corpor Election Ca	RE: Electro	to satisfy its Intangible Tax filing red ng Trust Fund Contribution ().	quirement and elects to do so (X).	
This corpor Election Ca OFFICER Title: Name: Address:	RE: Electro ration is eligible mpaign Financii	to satisfy its Intangible Tax filing red ng Trust Fund Contribution (). CTORS:) Delete CHAEL E ILEN	quirement and elects to do so (X).	Date
Election Ca	RE: Electro ration is eligible mpaign Financii S AND DIREC P (WUENTZ, MIC 110 WOOD G OLDSMAR, FI	to satisfy its Intangible Tax filing red ing Trust Fund Contribution (). CTORS:) Delete CHAEL E ILEN) Delete IL ILEN	quirement and elects to do so (X). ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M E WUERTZ PRES 01/08/2002