FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90244 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070900

1. Entity Name
BITZ OF PINELLAS, INC.

11017181

Principal Place of Business	Mailing Address
1400 GULD BLVD., NO. 210 CLEARWATER, FL 33797	1400 GULD BLVD., NO. 210 CLEARWATER, FL 33797

2. Principal Place of Business	3. Mailing Address
1400 Gulf Blvd	1400 Gulf Blvd
Suite, Apt. #, etc. No. 210	Suite, Apt. #, etc. No. 210
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33767 Country US	Zip 33767 Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3593342 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
RENZ, CAROL B
1400 GULF BLVD., NO. 210
CLEARWATER, FL 33797

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD RENZ, CAROL B 1400 GULF BLVD., NO. 210 CLEARWATER, FL 33797	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. Renz, Robert 1400 Gulf Blvd #210 Clearwater, FL 33767	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol B. Renz CAROL B. RENZ 4-22-03 727-656-5936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #