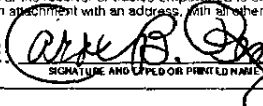


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90244 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT-# P99000070900		
1. Entity Name BITZ OF PINELLAS, INC.		
Principal Place of Business 1400 GULF BLVD., NO. 210 CLEARWATER, FL 33797		Mailing Address 1400 GULF BLVD., NO. 210 CLEARWATER, FL 33797
2. Principal Place of Business 1400 Gulf Blvd Suite, Apt. #, etc. No. 210 City & State Clearwater, FL Zip 33767 Country US		3. Mailing Address 1400 Gulf Blvd Suite, Apt. #, etc. No. 210 City & State Clearwater, FL Zip 33767 Country US
4. FFI 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 _____ (NOTE: Registered Agent's signature required when certifying) DATE _____		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1. PSTD ☐ Delete RENZ, CAROL B 1400 GULF BLVD., NO. 210 CLEARWATER, FL 33797 2. ☐ Delete 3. ☐ Delete 4. ☐ Delete 5. ☐ Delete 6. ☐ Delete 7. ☐ Delete 8. ☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1. ☐ Change ☒ Addition V. Renz, Robert 1400 Gulf Blvd #210 Clearwater, FL 33767 2. ☐ Change ☐ Addition 3. ☐ Change ☐ Addition 4. ☐ Change ☐ Addition 5. ☐ Change ☐ Addition 6. ☐ Change ☐ Addition 7. ☐ Change ☐ Addition 8. ☐ Change ☐ Addition		
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 507, 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 4-22-03 727-656-5936 SIGNATURE AND CAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

11017181



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)