

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007572

1. Entity Name
ZEROCHAOS.COM, L.L.C.

Principal Place of Business
1411 EDGEWATER DRIVE, SUITE 203
ORLANDO FL 32804

Mailing Address
1411 EDGEWATER DRIVE, SUITE 203
ORLANDO FL 32804-6361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
111 WEST JEFFERSON
Suite, Apt. #, etc.
SUITE 100
City & State
Orlando FL

3. Mailing Address
111 WEST JEFFERSON ST
Suite, Apt. #, etc.
SUITE 100
City & State
Orlando FL

4. FEI Number
59-3616691
Applied For
 Not Applicable

Zip Country
32801 USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CO-ADVANTAGE RESOURCES, INC.
1411 EDGEWATER DRIVE, SUITE 203
ORLANDO FL 32804

Name
Street Address (P.O. Box Number is Not Acceptable)
111 WEST JEFFERSON ST
SUITE 100
City ORLANDO FL Zip Code 32801

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS Delete

10. ADDITIONS/CHANGES Change Addition

TITLE NAME MGR
STREET ADDRESS CO-ADVANTAGE RESOURCES, INC.
CITY-ST-ZIP 1411 EDGEWATER DRIVE, SUITE 203
ORLANDO FL 32804

TITLE NAME
STREET ADDRESS 111 WEST JEFFERSON ST SUITE 100
CITY-ST-ZIP ORLANDO FL 32801

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS 700003269577-0
CITY-ST-ZIP -05/30/00--01009--004
*****50.00 *****50.00

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/30/00 407 447 3810
Date Daytime Phone #

CR2E083 (9/99)