

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90075 045 ***150.00

80082965

DO NOT WRITE IN THIS SPACE

DOCUMENT # F980000000162
1. Entity Name BIZROCKET.COM INC.

Principal Place of Business **Mailing Address** - (SAME)
 7131 Queenferry Circle
 BOCA RATON, FL 33496

2. Principal Place of Business 7131 Queenferry Cir
 Suite, Apt. #, etc.
3. Mailing Address 7131 Queenferry Cir.
 Suite, Apt. #, etc.

City & State BOCA RATON, FL
Zip 33496
Country USA

4. FEI Number 13-3961847
Applied For ☐ Not Applicable
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
Name Robert G. Williams
Street Address (P.O. Box Number is Not Acceptable) 7131 Queenferry Circle
City BOCA RATON **FL** **Zip** 33496

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 *Robert G. Williams* **DATE** April 27, 2000
Signature of registered agent or principal officer and title, if applicable. Registered Agent signature required when reinstating.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR <input type="checkbox"/> Delete	NAME ROBERT G. WILLIAMS	TITLE DIRECTOR, PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME ROBERT G. WILLIAMS
STREET ADDRESS 7131 Queenferry Circle	CITY-ST-ZIP BOCA RATON, FL 33496	STREET ADDRESS 7131 Queenferry Cir	CITY-ST-ZIP BOCA RATON, FL 33496
TITLE PRESIDENT <input type="checkbox"/> Delete	NAME ROBERT G. WILLIAMS	TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME ROBERT G. WILLIAMS
STREET ADDRESS 7131 Queenferry Cir	CITY-ST-ZIP BOCA RATON, FL 33496	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE DIRECTOR, PRESIDENT, RA, Sec. <input checked="" type="checkbox"/> Delete	NAME MARK I SMACH	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 6002 NW 73RD CT	CITY-ST-ZIP PARKLAND, FL 33067	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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: *Robert G. Williams* **DATE** April 27, 2000 **Daytime Phone #** 561-482-2623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)