

# 2001 UNIFORM BUSINESS REPORT (UBR)

0118981 AT

**DOCUMENT # F98000000162**

1. Entity Name  
**BIZROCKET.COM, INC.**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

01 SEP 28 PM 12:51

Principal Place of Business      Mailing Address

7131 QUEEN FERRY CIR      7131 QUEEN FERRY CIR  
 BOCA RATON FL 33496      BOCA RATON FL 33496



**REINSTATEMENT 01**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 9431**  
 Suite, Apt. #, etc.

City & State  
**Coral Springs**

Zip      Country      Zip      Country  
**33065**      **USA**

4. FEI Number      Applied For  
**13-3961847**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
      **SP**

6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT G**  
**7131 QUEEN FERRY CIR**  
**BOCA RATON FL 33496**

7. Name and Address of New Registered Agent

Name **Robert G. Williams**

Street Address (P.O. Box Number is Not Acceptable)  
**4905 NW 110 WAY**

City **CORAL SPRINGS FL**      Zip **33076**

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 **9-14-2001**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>WILLIAMS, ROBERT G</b> <b>7131 QUEEN FERRY CIR</b> <b>BOCA RATON FL 33496</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME 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:      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **9-14-2001**      DAYTIME PHONE #: **954-682-5363**

CFR2E034 (5/01)