

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000000162**

1. Entity Name
BIZROCKET.COM, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 28 PM 12:51

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

REINSTATEMENT

4. FEI Number

13-3961847

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 Code **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-14-2001
DATE

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 **PD** ☐ Delete
NAME **WILLIAMS, ROBERT G**
STREET ADDRESS **7131 QUEEN FERRY CIR**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
900004627979--1
-10/09/01--01011--013
******758.75 ****758.75**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

9-14-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-14-2001 954-682-5363

0118981 AT

CR2E034 (5/01)