

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
 02-25-2002 90042 010 ***158.75

0188270 AV

DOCUMENT # F98000000162

1. Entity Name

BIZROCKET.COM, INC.

Principal Place of Business

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

Mailing Address

**P.O. BOX 9431
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

5944 Coral Ridge Dr.

3. Mailing Address

Suite, Apt. #, etc.

307

City & State

Coral Springs, FL

Zip

33076

Country

USA

Country

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

**WILLIAMS, ROBERT G
 4905 N.W. 110TH WAY
 CORAL SPRINGS FL 33076**

7. Name and Address of New Registered Agent

Name **Williams, Robert G**

Street Address (P.O. Box Number is Not Acceptable)
5944 CORAL RIDGE DR.

Suite 307

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

Robert G. Williams, President
ROBERT G. WILLIAMS

(NOTE: Registered Agent signature required when reinstating)

2-13-2002
 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT G	
STREET ADDRESS	7131 QUEEN FERRY CIR	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, Robert G.	
STREET ADDRESS	5944 Coral Ridge Dr. Ste 307	
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert G. Williams, President **2-13-2002** **954-255-3981**
ROBERT G. WILLIAMS
 Date Daytime Phone #

CR2E034 (9/01)