

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90326 034 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000000162

1. Entity Name
BIZROCKET.COM, INC.



Principal Place of Business
5944 CORAL RIDGE DR
307
CORAL SPRINGS, FL 33076

Mailing Address
5944 CORAL RIDGE DR., SUITE 307
CORAL SPRINGS, FL 33076

11030217



2. Principal Place of Business

8512 NW 18 PL
Suite, Apt. #, etc.

3. Mailing Address

8512 NW 18 PL
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

13-3961847

Applied For

Not Applicable

Zip
33071

Country
USA

Zip
33071

Country
USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT G
5944 CORAL RIDGE DR
STE 307
CORAL SPRINGS, FL 33076

7. Name and Address of New Registered Agent

Name Robert G. Williams

Street Address (P.O. Box Number is Not Acceptable)

8512 NW 18 PL

City Coral Springs

FL

Zip Code
33071

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert G. Williams

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

(NOTE: Registered Agent Signature required when resigning)

DATE

March 29, 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, ROBERT G
STREET ADDRESS 5944 CORAL RIDGE DR STE 307
CITY-ST-ZIP CORAL SPRINGS, FL 33076

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

8512 NW 18 PL
Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Robert G. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 29, 2003 954-255-3581

CR2E034 (10/02)