FILED
May 14, 2003 8:00 am
Secretary of State
05-14-2003 90133 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001255

1. Entity Name
THE BUSINESS COMPANY.COM

90134250

Principal Place of Business	Mailing Address
4380 NE 11 AVENUE FORT LAUDERDALE, FL 33334	4380 NE 11 AVENUE FORT LAUDERDALE, FL 33334

2. Principal Place of Business	3. Mailing Address
2404 N Dixie Hwy	2404 N Dixie Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wilton Manors, FL	City & State: Wilton Manors, FL
Zip: 33305 Country: USA	Zip: 33305 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0972079 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEALY, MICHAEL E SR
4380 NE 11 AVENUE
FORT LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent

Name: zealy, michael e. sr
Street Address (P.O. Box Number is Not Acceptable): 2404 N Dixie Highway
City: Wilton Manors, FL Zip Code: 33305

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ZEALY, MICHAEL E SR 4380 NE 11 AVENUE FORT LAUDERDALE, FL 33334	☐ Delete	PSTD ZEALY, MICHAEL E. SR. 2404 N Dixie Highway Wilton Manors, FL 33305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 all other like empowered.

SIGNATURE: President 5/1/03 954-817-3016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)