

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90056 037 ***150.00

0119852 AT

DOCUMENT # P01000112949

1. Entity Name
1800BUSYNESS, INC.



Principal Place of Business
549 HICKORY DRIVE
GREEN COVE SPRINGS FL 32043

Mailing Address
PO BOX 8007
ORANGE PARK FL 32006

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3757819 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZANG, DAVID A 549 HICKORY DRIVE GREEN COVE SPRINGS FL 32043		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	0 ZANG, JOAN 549 HICKORY DR GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOAN ZANG 549 HICKORY DR GREEN COVE SPRING, FL 32043 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZANG, DAVID A 549 HICKORY DR GREEN COVE SPRINGS FL 32043 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOAN ZANG 9/5/03 (904) 529-6561

Date Daytime Phone #

CR2E034 (4/03)

"your **BUSY**ness is our business"



90155314
P/100112949
Errand Services and More.

September 5, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs,

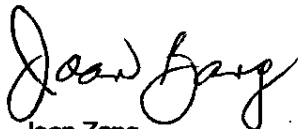
This letter is to inform you that I have no record of receiving a prior notice of the 2003 Uniform Business Report. Therefore, as per your instructions I am enclosing both the filing document and a check for the normal filing fee of \$150.00.

If you have any questions regarding this matter, please contact me at (904) 529-6561.

If you will let me know when the 2004 form will be mailed, I will look forward to receiving it and promptly returning the form to your office as specified.

Thank you in advance for your assistance.

Cordially,

A handwritten signature in cursive script that reads "Joan Zang".

Joan Zang
Director