

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000028662**

1. Entity Name

**BIZ WORLD USA.COM, INC.****FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90092 012 \*\*\*150.00

Principal Place of Business

Mailing Address

**1282 NE BUSINESS PARK PLACE  
JENSEN BEACH FL 34957****1282 NE BUSINESS PARK PLACE  
JENSEN BEACH FL 34957-5319****00040433**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1304 NE BUSINESS PARK PLACE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**JENSEN BEACH, FL**

City &amp; State

4. FEI Number

**65-0907506**

Applied For

Not Applicable

Zip  
**34957**

Country

**U.S.A.**

Zip

Country

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****KEYES, NANCY****1282 NE BUSINESS PARK PLACE  
JENSEN BEACH FL 34957**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P/D</b>
STREET ADDRESS	<b>JENNIFER K. GAUNTT</b>
CITY-ST-ZIP	<b>1282 NE BUSINESS PARK PLACE JENSEN BEACH, FL 34957</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>S</b>
STREET ADDRESS	<b>NANCY KEYES</b>
CITY-ST-ZIP	<b>1282 NE BUSINESS PARK PLACE JENSEN BEACH, FL 34957</b>
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 or without like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JENNIFER K. GAUNTT**

Date

**2/17/00**

Daytime Phone #

**561-225-2855**

CR2E034 (9/99)