## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P99000028662 BIZ WORLD USA.COM, INC. 04-04-2001 90501 044 \*\*\*150.00 Mailing Address Principal Place of Business 1304 NE BUSINESS PARK PLACE 1282 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 C0042107 2. Principal Place of Business 3. Mailing Address 1280 NE BUSINESS PARK PLACE 1280 NE BUSINESS PARK PLACE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0907506 JENSEN BEACH, JENSEN BEACH. Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34957 34957 Fee Required USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEYES, NANCY Street Address (P.O. Box Number is Not Acceptable) 1282 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITI F ☐ Change ☐ Addition GAUNTT, JENNIFER K NAME STREET ADDRESS 1282 NE BUSINESS PARK PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 ☐ Detete S/D ☐ Addition NAME KEYES, NANCY NAME STREET ADDRESS 1282 NE BUSINESS PARK PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 of trostee 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:

OF SIGNING OFFICER OF DIRECTOR

NANCY KEYES

3/30/01

561-225-2855