

2001 UNIFORM BUSINESS REPORT (UBR)

0004790 AF

DOCUMENT # **L00000002249**

1. Entity Name
BUSINESSWORKS, LLC

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2700 WESTHALL LANE, SUITE 145
MAITLAND FL 32751

Mailing Address
2700 WESTHALL LANE, SUITE 145
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1800 Pembroke Dr
Sle 300
Suite, Apt. #, etc.
Orlando FL
City & State

3. Mailing Address
1800 Pembroke Dr
Suite, Apt. #, etc.
Sle 300
City & State
Orlando FL

4. FEI Number
59-3645011
Applied For
 Not Applicable

Zip **32810** Country
Zip **32810** Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEPALMA, PAUL
2700 WESTHALL LANE, SUITE 145
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name **DePalma, John**
Street Address (P.O. Box Number is Not Acceptable)
1329 American Elm Dr
City **Altamonte Spgs** FL Zip Code **32714**

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 **John A. DePalma** **4/27/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000004423220-5
-06/15/01--01098--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
Partner	John DePalma 1329 American Elm Dr Altamonte Spgs FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
Partner	Paul DePalma 381 Wekiva Cove Rd Longwood FL 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **John A. DePalma** **4/27/01** **407 660 5757**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)