

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000068067

FILED
Apr 15, 2002 8:00 AM
Secretary of State

Entity Name: MEN AT WORK, INC.

Current Principal Place of Business:

4195 QUAIL WOOD DR.
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4195 QUAIL WOOD DR.
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: 59-3661251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIAMBRONE, JOHN
4195 QUAIL WOOD DR.
ST. CLOUD, FL 34772

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIAMBRONE, JOHN
Address: 4195 QUAIL WOOD DR.
City-St-Zip: ST. CLOUD, FL 34772

Title: VD (X) Delete
Name: GIAMBRONE, LORI
Address: 4195 QUAIL WOOD DR.
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GIAMBRONE

PD

04/15/2002

Electronic Signature of Signing Officer or Director

_____ Date