2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90459 044 ***150.00

DOCUMENT # P02000044242

1. Entity Name
MARJORIE F. WORKINGER, P.A.

Principal Place of Business	Mailing Address
2101 OUTRIGGER LANE NAPLES FL 34104	2101 OUTRIGGER LANE NAPLES FL 34104

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2101 Outrigger Ln.	4300 GULF Shore Blvd N
Suite, Apt. #, etc. Naples	Suite, Apt. #, etc. NAPLES
City & State Fl.	City & State Fl.
Zip 34104 / Country U.S.A.	Zip 34102 / Country U.S.A.

4. FEI Number 04-366-3591 ☐ 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
WORKINGER, MARJORIE 2101 OUTRIGGER LANE NAPLES FL 34104	Name MARJORIE. F. WORKINGER Street Address (P.O. Box Number is Not Acceptable) 2101 Outrigger Lane City NAPLES FL Zip Code 34104

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 Marjorie F. Workinger 4/10/03
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
After May 1, 2003 Fee will be $550.00
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	PSVT WORKINGER, MARJORIE 2101 OUTRIGGER LANE NAPLES FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Marjorie F. Workinger 4/10/03 239.262.4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #