

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90031 040 ***158.75

DOCUMENT # P97000027316

1. Entity Name

THE WORDSHOP, INC.

Principal Place of Business

Mailing Address

5081 FOXBRIDGE CIRCLE, NORTH #156
 CLEARWATER FL 33760
 US

5081 FOXBRIDGE CIRCLE, NORTH #156
 CLEARWATER FL 33760-3264
 US

C0016961



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1337 Caladesi Drive
 Suite, Apt. #, etc.

1337 Caladesi Drive
 Suite, Apt. #, etc.

City & State

Wesley Chapel FL

City & State

Wesley Chapel FL

4. FEI Number

65-0743945

Applied For

Not Applied For

Zip

Country

33543

Zip

Country

33543

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

BROWN, N. CRISTIAN
 5081 FOXBRIDGE CIRCLE, NORTH #156
 CLEARWATER FL 33760

Name

Street Address (P.O. Box Number is Not Acceptable)

1337 Caladesi Drive

City

Wesley Chapel

FL

Zip Code

33543

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

Cristian Brown

Secretary

1/28/00

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	PD	<input type="checkbox"/> Delete
NAME	CIVIL-BROWN, SUSAN L	
STREET ADDRESS	5081 FOXBRIDGE CIRCLE, NORTH #156	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, N. CRISTIAN	
STREET ADDRESS	5081 FOXBRIDGE CIRCLE, NORTH #156	
CITY-ST-ZIP	CLEARWATER FL 34620	
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 checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	1337 Caladesi Drive	
CITY-ST-ZIP	Wesley Chapel FL 33543	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	1337 Caladesi Drive	
CITY-ST-ZIP	Wesley Chapel FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan L. Civil-Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

Date

Daytime Phone #