

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000060721

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

Entity Name: THE WORKFORCE MANAGEMENT GROUP, INC.

## Current Principal Place of Business:

1002 BROOKS LANE  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

2000 S. OCEAN BLVD  
Y-13  
DELRAY BEACH, FL 33483

## Current Mailing Address:

1730 S. FEDERAL HIGHWAY  
BOX 288  
DELRAY BEACH, FL 33483

## New Mailing Address:

FEI Number: 65-0784841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONOS, DARYL  
1002 BROOKS LANE  
DELRAY BEACH, FL 33483      US

## Name and Address of New Registered Agent:

COTHARIN, TODD  
2000 S. OCEAN BLVD  
Y-13  
DELRAY BEACH, FL 33483      US

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: TODD COTHARIN

04/29/2002

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: VP ( ) Delete  
Name: COTHARIN, TODD A  
Address: 2000 S. OCEAN BLVD Y-13  
City-St-Zip: DELRAY BEACH, FL 33483

Title: P ( ) Delete  
Name: GONOS, DARYL A  
Address: 1002 BROOKS LANE  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: GONOS, DARYL A  
Address: 1400 MALL OF GEORGIA BLVD APT 812  
City-St-Zip: BUFORD, GA 30519

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: TODD COTHARIN

VP

04/29/2002

Electronic Signature of Signing Officer or Director

Date