2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **L80872**

1. Entity Name
CORPORATE CARE WORKS, INC.

Principal Place of Business	Mailing Address
4190 BELFORT RD #140 JACKSONVILLE FL 32216 US	4190 BELFORT RD #140 JACKSONVILLE FL 32216 US

2. Principal Place of Business	3. Mailing Address
8665 BAYPINE ROAD	8665 BAYPINE ROAD
Suite, Apt. #, etc.: # 100	Suite, Apt. #, etc.: # 100
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32256 Country: US	Zip: 32256 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3010363** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERSICO, CYNTHIA K.
4190 BELFORT RD
#140
JACKSONVILLE FL
32216 US

7. Name and Address of New Registered Agent

Name: PERSICO, CYNTHIA K.
Street Address (P.O. Box Number is Not Acceptable): 8665 BAYPINE ROAD
100
City: JACKSONVILLE FL Zip Code: 32256

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 _____ 04/30/2001
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOC MANCE LYNDA 8665 BAYPINE ROAD, # 100 JACKSONVILLE FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOA PRESTON NANCY 8665 BAYPINE ROAD, #100 JACKSONVILLE FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOO BURGOS CHRISTEL 8665 BAYPINE ROAD, # 100 JACKSONVILLE FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CANTRELL RENA 8665 BAYPINE ROAD, # 100 JACKSONVILLE FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVP PERSICO, CYNTHIA K. 4190 BELFORT ROAD, #140 JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES PERSICO CYNTHIA K 8665 BAYPINE ROAD, # 100 JACKSONVILLE FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY PRESTON DOA 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #