

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000086701

FILED
Apr 20, 2002 8:00 AM
Secretary of State

Entity Name: WORK & SON - MOODY, INC.

Current Principal Place of Business:

18016 VILA CREEK DR.
TAMPA, FL 33647

New Principal Place of Business:

945 EAST BROADWAY
FORT MEADE, FL 33841

Current Mailing Address:

18016 VILA CREEK DR.
TAMPA, FL 33647

New Mailing Address:

945 EAST BROADWAY
FORT MEADE, FL 33841

FEI Number: 59-3742574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIENER, WENDY R ESQ.
660 E. JEFFERSON ST.
TALLAHASSEE, FL 32301 US

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: D () Delete
Name: WORK, CLIFF
Address: 18016 VILA CREEK DR.
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: WORK, FRANK
Address: 7280 HWY 47
City-St-Zip: UNION, MN 63084

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: O () Change (X) Addition
Name: WORK, KERI
Address: 18016 VILLA CREEK DRIVE
City-St-Zip: TAMPA, FL 33647

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: KERI WORK

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04/20/2002

Electronic Signature of Signing Officer or Director

Date