

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AB)

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 90989 024 ***150.00

DOCUMENT # 480260

1. Entity Name

THE UNINSURED RELATIVE WORKSHOP, INC.



Principal Place of Business

1645 NORTH LEXINGTON AVENUE
DELAND FL 32724

Mailing Address

1645 NORTH LEXINGTON AVENUE
DELAND FL 32724

66422012



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1648274

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOOTH, WILLIAM R.
2217 EAST NEW YORK AVENUE
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2004 Fee will be \$350.00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOOTH, WILLIAM R.	
STREET ADDRESS	2217 E. NEW YORK AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TOSH, LYNN M	
STREET ADDRESS	2529 EUSTACE AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GENCARRELLE, ALLEN	
STREET ADDRESS	549 DALEY ST	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	GENCARELLE, ALLEN	
STREET ADDRESS	549 DALEY ST.	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	General Manager	<input type="checkbox"/> Delete
NAME	Gary Deierlein	
STREET ADDRESS	1016 Stagger Bush Pl	
CITY-ST-ZIP	New Smyrna Beach	
TITLE		<input type="checkbox"/> Delete
NAME	FL 32168	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	General Manager
STREET ADDRESS	Gary Deierlein
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/12/04