

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90485 048 ***150.00

DOCUMENT # 680790

1. Entity Name
WORKMAN MANUFACTURING, CORP.



Principal Place of Business
**208 OVERLOOK DRIVE SE
WINTER HAVEN FL 33884**

Mailing Address
**208 OVERLOOK DRIVE SE
WINTER HAVEN FL 33884**

2. Principal Place of Business
5100 Commercial Blvd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Winter Haven, FL

City & State

4. FEI Number **59-2149549**

Applied For
Not Applicable

Zip **33884** Country **Polk**

Zip Country

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

6. Name and Address of Current Registered Agent

**WORKMAN, MICHAEL E
CLARK, CAMPBELL, & MAWHINNEY PA
500 SOUTH FLORIDA AVENUE - STE. 800
LAKELAND FL 33801**

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 **Erin L. Osberg Vice-President**

1/8/03

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, 2003 Fee will be \$550.00
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 **PSD** ☐ Delete
NAME **OSBERG, GERALD J**
STREET ADDRESS **208 OVERLOOK DRIVE SE**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **VTD** ☐ Delete
NAME **OSBERG, ERIN L**
STREET ADDRESS **208 OVERLOOK DRIVE SE**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Erin L. Osberg Vice-President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 803-967-7304
Date Daytime Phone #

CR2E034 (10/02)