

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90222 029 ***150.00

DOCUMENT # F02000003946

1. Entity Name

WORKSPACE ENVIRONMENTS, INC.



Principal Place of Business

**15500 LIGHTWAVE DRIVE, SUITE 106
CLEARWATER FL 33760**

Mailing Address

**15500 LIGHTWAVE DRIVE, SUITE 106
CLEARWATER FL 33760**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 me - applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-0635374
X

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	ARNOLDY, RICHARD R	
STREET ADDRESS	15500 LIGHTWAVE DRIVE, SUITE 106	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	P	<input type="checkbox"/> Delete
NAME	SASMAN, RUSSELL	
STREET ADDRESS	15500 LIGHTWAVE DRIVE, SUITE 106	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLEMENTS, FREDRICK P III	
STREET ADDRESS	15500 LIGHTWAVE DRIVE, SUITE 106	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLSTE, STEPHEN F	
STREET ADDRESS	15500 LIGHTWAVE DRIVE, SUITE 106	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

Date

354-963-0715

Daytime Phone #

CR2E034 (10/02)