2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # **F98000003046** WORKFLOW MANAGEMENT, INC. 04-11-2001 90033 019 ***158.75 Principal Place of Business Mailing Address 240 ROYAL PALM WAY 240 ROYAL PALM WAY PALM BEACH FL 33480 PALM BEACH FL 33480 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For beach, 06-1507104 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDC TITLE ☐ Delete TITLE 🔀 Change _ 🗌 Adoltion stino Sr. - Thomas B. D'AGOSTINO, THOMAS B NAME NAME rain way STREET ADDRESS 240 ROYAL PALM WAY STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 TITLE ☐ Delete TITLE **C**hange GIBSON, STEVEN R NAME NAME STREET ADDRESS STREET ADDRESS 240 ROYAL PALM WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 TITLE VAS Delete TITLE Addition AMLIE, CLAUDIA S NAME STREET ADDRESS STREET ADDRESS 240 ROYAL PALM WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change X Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CiTY-ST-ZIP TITLE TITLE Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.