

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90033 021 ***158.75

DOCUMENT # F99000002067

1. Entity Name
WORKFLOW OF FLORIDA, INC.

Principal Place of Business

240 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address

240 ROYAL PALM WAY
PALM BEACH FL 33480

A0045830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

241 Royal Palm Way
Suite, Apt. #, etc.

3. Mailing Address

241 Royal Palm Way
Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Palm Beach, FL

4. FEI Number

52-2164281

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	AMLIE, CLAUDIA S	
STREET ADDRESS	240 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHMICKLE, MICHAEL L	
STREET ADDRESS	240 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amlie, Claudia S	
STREET ADDRESS	241 Royal Palm Way	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schmickle, Michael L.	
STREET ADDRESS	241 Royal Palm Way	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gibson, Steven R	
STREET ADDRESS	241 Royal Palm Way	
CITY-ST-ZIP	Palm Beach, FL 33480	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

Daytime Phone #

(561) 659-6551

CR2E034 (10/00)