

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90309 018 \*\*\*150.00

054415 AV

**DOCUMENT # J75561**

**1. Entity Name**  
**THE WORKS, INC. OF MARCO ISLAND**



**Principal Place of Business**  
**696 BALD EAGLE DRIVE**  
**MARCO ISLAND FL 34145**  
**US**

**Mailing Address**  
**696 BALD EAGLE DRIVE**  
**MARCO ISLAND FL 34145**  
**US**



**2. Principal Place of Business**  
**682 BALD EAGLE DR**

**3. Mailing Address**  
**682 BALD EAGLE DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**MARCO ISLAND, FL**

**City & State**  
**MARCO ISLAND, FL**

**4. FEI Number** **59-2833230**

**Applied For**  
**Not Applicable**

**Zip** **34145** **Country** **USA**

**Zip** **34145** **Country** **USA**

**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**

**KENISON, CAROLYN**  
**696 BALD EAGLE DRIVE**  
**MARCO ISLAND FL 34145**

**Name** **KENISON, CAROLYN**

**Street Address (P.O. Box Number is Not Acceptable)**  
**682 BALD EAGLE DR**

**City** **MARCO ISLAND** **FL** **Zip Code** **34145**

**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, 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** **P** ☐ Delete  
**NAME** **KENISON, CAROLYN M.**  
**STREET ADDRESS** **696 BALD EAGLE DRIVE**  
**CITY-ST-ZIP** **MARCO ISLAND FL 34145**

**TITLE** **KENISON, CAROLYN** ☐ Change ☐ Addition  
**NAME** **KENISON, CAROLYN**  
**STREET ADDRESS** **682 BALD EAGLE DR**  
**CITY-ST-ZIP** **MARCO IS, FL 34145**

**TITLE** **ST** ☐ Delete  
**NAME** **KENISON, CAROLYN M.**  
**STREET ADDRESS** **696 BALD EAGLE DRIVE**  
**CITY-ST-ZIP** **MARCO ISLAND FL 34145**

**TITLE** **KENISON, CAROLYN** ☐ Change ☐ Addition  
**NAME** **KENISON, CAROLYN**  
**STREET ADDRESS** **682 BALD EAGLE DR**  
**CITY-ST-ZIP** **MARCO IS, FL 34145**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**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

**4-11-03**

**239-3944944**

Date

Daytime Phone #

CR2E034 (10/02)