

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90003 008 ***550.00

DOCUMENT # K42881
 1. Entity Name
WORKEASY CORP.

Principal Place of Business % RUSSELL L. LANDRY 3555 PANDORA AVE BOYNTON BEACH FL 33436-3419	Mailing Address % RUSSELL L. LANDRY 3555 PANDORA AVE BOYNTON BEACH FL 33436-3419
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2. Principal Place of Business 5714 Comte DR NW Suite, Apt. #, etc.	3. Mailing Address 5714 Comte DR NW Suite, Apt. #, etc.
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City & State Gig Harbor WA Zip 98335	Country USA	City & State Gig Harbor WA Zip 98335	Country USA
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LANDRY, RUSSELL L
3555 PANDORA AVE
BOYNTON BEACH FL 33435

4. FEI Number **65-0090927** Applied For ☐ Not Applicable ☐

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

7. Name and Address of New Registered Agent
 Name **Verna Landry**
 Street Address (P.O. Box Number is Not Acceptable)
508 DI
Shady Pine Way
 City **W.P.B., FL** State **FL** Zip Code **33415**

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 *Verna Landry* *Verna Landry* *7-23-01*
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LANDRY, RUSS 3555 PANDORA AVENUE BOYNTON BCH. FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS Landry Russ 5714 Comte DR NW Gig Harbor, WA 98335 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDRY, MARYANNE 3555 PANDORA AVENUE BOYNTON BCH. FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Landry Maryanne 5714 Comte DR NW Gig Harbor WA 98335 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Verna Landry* *7-23-01* *8009675327*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #