

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000551

1. Entity Name

GET-TO-WORK, LC

Principal Place of Business

2909 SUNBITTEN COURT
WINDERMERE FL 34786

Mailing Address

2909 SUNBITTEN COURT
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-363894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OAKLEY, SEAN
2909 SUNBITTEN COURT
WINDERMERE FL 34786

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

100004761911--8

-01/09/02--01029--023

****300.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Lawrence Swisher
5362 South Dinkmeyer Way
Aurora CO 80015

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Donna Oakley
2909 Sunbitten Ct
Windermere FL 34786
Managing member

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Sean Oakley
2909 Sunbitten Ct
Windermere FL 34786
Same as original filing

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank]

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
[Blank]

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SEAN OAKLEY
REQUIRE

12/1/01 (407) 448-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 DEC 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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STAPLE CHECK HERE

REINSTATEMENT