

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90123 017 ****50.00

DOCUMENT # L01000016407

1. Entity Name
OFFICE WORX, LLC



Principal Place of Business
**4400 118TH AVE. NORTH
SUITE 110
CLEARWATER FL 33762**

Mailing Address
**4400 118TH AVE. NORTH
SUITE 110
CLEARWATER FL 33762**

2. Principal Place of Business

12749 W. Hillsborough Ave.

3. Mailing Address

12749 W. Hillsborough Ave.

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Tampa FL

City & State

Tampa FL

Zip

33635

Country

Hillsborough

Zip

33635

Country

Hillsborough

4. FEI Number **59-3745438**

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

**CLARK, BRIAN R
4400 118TH AVE. NORTH
SUITE 110
CLEARWATER FL 33762**

Name

Street Address (P.O. Box Number is Not Acceptable)

12749 W. Hillsborough Avenue

Suite B

City **Tampa**

FL

Zip Code

33635

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

B. R. Clark

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

(NOTE: Registered Agent signature required when reinstating)

3/3/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **CLARK, BRIAN R**
STREET ADDRESS **4400 118TH AVE. NORTH**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☒ Change ☐ Addition
NAME **12749 W. Hillsborough Ave. Ste. B**
STREET ADDRESS **Tampa FL 33635**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *B. R. Clark* SIGNATURE REQUIRED

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

3/3/03

DATE

(813) 855 5844

Daytime Phone #

CR2E083 (10/02)