

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90064 008 \*\*\*150.00

**DOCUMENT # L15392**

1. Entity Name

**DATAWORKS, INC.**

Principal Place of Business

Mailing Address

501 GOODLETTE RD., N.  
 SUITE C-206  
 NAPLES FL 34102  
 US

501 GOODLETTE RD., N.  
 SUITE C-206  
 NAPLES FL 34102-5666  
 US

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

**65-0156303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SHELLINY, JEFF**  
**5100 TAMiami TRAIL NORTH**  
**SUITE 142**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **McCaffrey, Judith E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5811 Pelican Bay Blvd.**  
**Ste 206-A**  
 City **Naples** **FL** Zip Code **34108**

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.

**JUDITH E. McCAFFREY**

(NOTE: Registered Agent signature required when reinstating)

**3/8/2000**  
 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **CECIL, MARK WILLIAM**  
 CITY-ST-ZIP **501 N. GOODLETTE RD C-206**  
**NAPLES FL 34102**

TITLE ☒ Change ☐ Addition  
 NAME **Cecil, Mark William**  
 STREET ADDRESS **501 Goodlette Rd N C-206**  
 CITY-ST-ZIP **Naples, FL 34102**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **CECIL, JANET B**  
 CITY-ST-ZIP **146 MYRTLE RD**  
**NAPLES FL 34109**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Schwarz, Nick C.**  
 STREET ADDRESS **661 107 Ave N**  
 CITY-ST-ZIP **Naples, FL 34108**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Arduizoni, Guy E.**  
 STREET ADDRESS **1636 Northgate Dr**  
 CITY-ST-ZIP **Naples, FL 34105**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Seixas, Patricia J.**  
 STREET ADDRESS **3785 Feldstone Blvd #206**  
 CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**MARK W. CECIL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/00** **597-5900 EXT 500**  
 Date Daytime Phone #

CR2E034 (9/99)