FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91336 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15392

1. Entity Name
Data Works, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
28200 Old 41 Rd	28200 Old 41 Rd
Suite, Apt. #, etc.: 209	Suite, Apt. #, etc.: 209
City & State: Bonita Springs	City & State: Bonita Springs
Zip: 34135 Country: USA	Zip: 34135 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0156303 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mark W. Cecil

Street Address (P.O. Box Number is Not Acceptable): 11254 San Sabastian Lane

City: Bonita Springs FL Zip Code: 34135

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: Mark W. Cecil DATE: May 1, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DP
NAME	Mark W. Cecil
STREET ADDRESS	11254 San Sabastian Lane
CITY-ST-ZIP	Bonita Springs FL 34135
TITLE	T
NAME	Nick C. Schwarz
STREET ADDRESS	661 107th Ave N
CITY-ST-ZIP	Naples FL 34108
TITLE	V
NAME	Guy Ardizoni
STREET ADDRESS	1636 Northgate Dr
CITY-ST-ZIP	Naples FL 34105
TITLE	V
NAME	Patricia Seixas
STREET ADDRESS	3785 Fieldstone Blvd # 204
CITY-ST-ZIP	Naples FL 34109
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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark W. Cecil 5/1/02 239-444-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #