

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L25686**1. Entity Name
W.O.R. INC.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90342 036 ***150.00

Principal Place of Business

% RAYMOND L. VIOLETTE
615 MAIN ST
DAYTONA BEACH FL 32118

Mailing Address

% RAYMOND L. VIOLETTE
615 MAIN ST
DAYTONA BEACH FL 32118

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 **59-2975412**Applies For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIOLETTE, RAYMOND L
615 MAIN ST
DAYTONA BEACH FL 32118Name **LAVELL WATERS**
Street Address (P.O. Box Number is Not Acceptable)
615 MAIN STREET
City **DAYTONA BEACH FL** Zip **32118**

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 **LAVELL WATERS**

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

Lavell Waters *March 22, 2001*

(NOTE: Registered Agent signature required when re-statuting)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	PST VIOLETTE, RAYMOND L 615 MAIN ST DAYTONA BEACH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LAVELL WATERS 615 MAIN STREET DAYTONA BEACH, FL 32118	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Lavell Waters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2001

Date

386-252-3776

Telephone Number

CR2E034 (10/00)