

2002 UNIFORM BUSINESS REPORT (UBR)

0591485 AT

DOCUMENT# L61168

1. Entity Name
GENERAL WORKS, INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 JAN 31 PM 12:20

Principal Place of Business Mailing Address
C/O JERRY M. CUTRONA C/O JERRY M. CUTRONA
123 N INDUSTRIAL DR #B POB 740708 123 N INDUSTRIAL DR #B POB 740708
ORANGE CITY FL 32774-7708 ORANGE CITY FL 32774-7708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3004096		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CUTRONA, JERRY M. 123 N. INDUSTRIAL DRIVE SUITE B ORANGE CITY FL 32763				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CUTRONA, JERRY M.		NAME	200004834472--3			
STREET ADDRESS	123 N. INDUSTRIAL DR.#B		STREET ADDRESS	-01/29/02--01068--009			
CITY-ST-ZIP	ORANGE CITY FL		CITY-ST-ZIP	****450.00 ****150.00			
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ENSINGER, DEBRA D		NAME	FF \$150			
STREET ADDRESS	123 N INDUSTRIAL DR		STREET ADDRESS				
CITY-ST-ZIP	ORANGE CITY FL		CITY-ST-ZIP				
TITLE	VPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CUTRONA, MELINDA E		NAME				
STREET ADDRESS	123 N INDUSTRIAL DR		STREET ADDRESS				
CITY-ST-ZIP	ORANGE CITY FL		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WINANT, MICHAEL		NAME				
STREET ADDRESS	123 N INDUSTRIAL DR		STREET ADDRESS				
CITY-ST-ZIP	ORANGE CITY FL		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WILLIAMS, DAVID E		NAME				
STREET ADDRESS	123 N INDUSTRIAL DR		STREET ADDRESS				
CITY-ST-ZIP	ORANGE CITY FL		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: Melinda E Cutrona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 386-775-6320
Date Daytime Phone #

CR2E034 (9/01)