

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90123 003 ****61.25

DOCUMENT # N03000000280

1. Entity Name

SPIRIT AT WORK, INC.



DO NOT WRITE IN THIS SPACE

90018497

2. Principal Place of Business
54 N.E. Fourth Avenue

3. Mailing Address
54 N.E. Fourth Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number 11-3657990

Applied For

Not Applicable

Zip
33843

Country
US

Zip
33483

Country
US

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

7. Name and Address of Current Registered Agent

Name Cohen, Jeffrey L.

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

54 N.E. Fourth Avenue

City Delray Beach

FL

Zip Code
33483

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
Cohen, Jeffrey L.
STREET ADDRESS
54 N.E. 4th Avenue, Delray Beach, FL 33483
CITY-ST-ZIP

TITLE
NAME
D
Garber, Denise
STREET ADDRESS
1075 Hibiscus Lane, Delray Beach, FL 33444
CITY-ST-ZIP

TITLE
NAME
D
Kocielko, Robin
STREET ADDRESS
1260 S. Federal Highway, Boynton Beach, FL
CITY-ST-ZIP
33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey L. Cohen, Director

1/23/03

561-278-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)