## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000004249

Entity Name: WORKFORCE ALLIANCE, INC.

FILED Feb 25, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2051 MARTIN LUTHER KING JR SUITE 302 RIVIERA BEACH, FL 33404 **New Mailing Address: Current Mailing Address:** 2051 MARTIN LUTHER KING JR SUITE 302 RIVIERA BEACH, FL 33404 FEI Number: 65-0709274 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FINLEY, CHANDLER R CHANDLER FINLEY & ASSOCIATES, PA 1645 PALM BEACH LAKES BLVD., #460 WEST PALM BEACH, FL 33401 ÚS 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DCVD () Delete () Change () Addition WOOD, BILL Name: Name: 64 SE 5TH AVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: DC Title: () Change () Addition ( ) Delete DAVIS, MAX Name: Name: Address: 11046 OAKWAY CIRCLE Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: DS () Delete Title: () Change () Addition GALLON, DENNIS DR Name: Name: 4200 CONGRESS AVE Address: Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: Title: DT Title: () Change () Addition ( ) Delete Name: TALLEY, DAVE Name: 854 FATHOM RD WEST Address: Address: City-St-Zip: N PALM BEACH, FL 33408 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MONTGOMERY, KENNETH E Name: Name: 2051 MART5IN LUTHER KING JR. BLVD. #302 Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: Title: () Delete Title: () Change () Addition NORRIS, JOYCE Name: Name: Address: 2051 MARTIN LUTHER KING Address: RIVIERA BEACH, FL 33404 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH E MONTGOMERY DP 02/25/2003