

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P00000037140**
1. Entity Name
Workman's Comp II, Inc.**FILED**
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90327 017 ***150.00

Principal Place of Business
807 Riverview Lane
Tarpon Springs, Florida
34689
Mailing Address
815 Poinsettia Avenue
Tarpon Springs, Florida
34689**C0049784**2. Principal Place of Business
Pinellas County, Florida
Suite, Apt. #, etc.
3. Mailing Address
815 Poinsettia Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tarpon Springs, Fla.
Zip
34689
Country
USA
City & State
Tarpon Springs, Fla 34689
Zip
34689
Country
USA4. FEI Number
59-3637983
☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required6. Name and Address of Current Registered Agent
Paul F. Sweetland
815 Poinsettia Avenue
Tarpon Springs, Florida
346897. Name and Address of New Registered Agent
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 **Paul F. Sweetland** **President** **4/13/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 Fees11. OFFICERS AND DIRECTORS
TITLE **President** ☐ Delete
NAME **Paul Sweetland**
STREET ADDRESS **815 Poinsettia Avenue**
CITY-ST-ZIP **Tarpon Springs, Fla. 34689**
TITLE **Vice-President** ☐ Delete
NAME **Steve Smith**
STREET ADDRESS **10617 Seminole Blvd**
CITY-ST-ZIP **44th Ave Seminole, Fla. 33772**
TITLE **Secretary/Treasurer** ☐ Delete
NAME **Dale Scott**
STREET ADDRESS **2321-14th Street North**
CITY-ST-ZIP **St. Petersburg, Florida 33704**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Paul F. Sweetland** **4/13/01** **(727)934-3739**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)