

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2001 8:00 am
Secretary of State

07-25-2001 90014 002 ***550.00

DOCUMENT # P00000039165

1. Entity Name
 WORKPUMP.COM, INC.

Principal Place of Business
 256 SPARTAN DR.
 MAITLAND FL 32751

Mailing Address
 256 SPARTAN DR.
 MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. 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

BROWNE, DAVID M
 256 SPARTAN DR.
 MAITLAND FL 32751

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

David M. Browne, Vice Pres. 7-15-01

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State

10. 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
 D
 BROWNE, JOHN D
 256 SPARTAN DR.
 MAITLAND FL 32751

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 BROWNE, DAVID M
 256 SPARTAN DR.
 MAITLAND FL 32751

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

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)(f), 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:

David M. Browne, Vice President 7-15-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-15-01

CR2E034 (5/01)