

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90295 004 \*\*\*158.75

**DOCUMENT # P00000051821**

1. Entity Name

THE WORKALITION, INC.

Principal Place of Business

Mailing Address

3320 N ORANGE BLOSSOM TR  
 ORLANDO FL 32804

831 MYSTIC OAK PL  
 APOPKA FL 32712

2. Principal Place of Business

3405 N. ORANGE BLOSSOM TR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FLA.

City & State

Zip

Zip

Country

32804

USA

Zip

Country

4. FEI Number

59-3659568

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CICCARELLO, SAL  
 831 MYSTIC OAK PL  
 APOPKA FL 32712

7. 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

Signature, typed or printed name of registered agent and title 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 \$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. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
 NAME CICCARELLO, BRENDA L  
 STREET ADDRESS 831 MYSTIC OAK PLACE  
 CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D  
 NAME CICCARELLO, SALVATORE  
 STREET ADDRESS 831 MYSTIC OAK PLACE  
 CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 STREET ADDRESS  
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 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)(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: *Salvatore Ciccarello*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02 (407) 886-9451  
 Daytime Phone #

CR2E034 (9/01)