

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000092357**1. Entity Name
WORX ENTERPRISES, INC.

Principal Place of Business 1508 N. HARBOR CITY BOULEVARD MELBOURNE FL 32901	Mailing Address 1327 WHITEHURST ROAD, S W PALM BAY FL 32908
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2. Principal Place of Business 1508 S. HARBOR CITY BLVD.	3. Mailing Address 1508 S HARBOR CITY BLVD
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MELBOURNE FL	City & State MELBOURNE FL
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Zip 32901	Country	Zip 32901	Country
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4. FEI Number 59-3673491	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**ARCE RICHARD**
1508 N. HARBOR CITY BOULEVARD

MELBOURNE FL 32901**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 **RICHARD ARCE**

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

(NOTE: Registered Agent signature required when reinstating)

01/11/2001

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, 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 Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	ARCE ALFONSO	
STREET ADDRESS	1327 WHITEHURST ROAD, S W	
CITY-ST-ZIP	PALM BAY FL 32908	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCE RICHARD	
STREET ADDRESS	1327 WHITEHURST ROAD, S W	
CITY-ST-ZIP	PALM BAY FL 32908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCE RICHARD	
STREET ADDRESS	1508 S HARBOR CITY BLVD	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Richard Arce**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D

01/11/2001

Date

Daytime Phone #

CR2E034 (11/00)