

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90171 046 ***150.00

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AV

DOCUMENT # P00000107335

1. Entity Name

WORK AT HOME AND LOVE IT GROUP, INC.



Principal Place of Business

**4504 SUMMER COVE DRIVE EAST STE 224
SARASOTA FL 34243-4973**

Mailing Address

**4504 SUMMER COVE DRIVE EAST STE 224
SARASOTA FL 34243-4973**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1057022

Applied For

Not Applicable

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

DEMA, DANIEL J

1819 MAIN STREET STE 1100

SARASOTA FL 34236-5975

Name

Street Address (P.O. Box Number is Not Acceptable)

1819 Main Street, Suite 1100

City **Sarasota,**

FL

34236-5999

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **DEMA, CINDY L**
STREET ADDRESS **4504 SUMMER COVE DRIVE EAST STE 224**
CITY-ST-ZIP **SARASOTA FL 34243-4973**

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

TITLE **DVPT** ☐ Delete
NAME **DEMA, DANIEL J**
STREET ADDRESS **4504 SUMMER COVE DRIVE EAST STE 224**
CITY-ST-ZIP **SARASOTA FL 34243-4973**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J. DeMay 4/29/03

941-957-3800

Date

Daytime Phone #

CR2E034 (10/02)