## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 16, 2002 8:00 am Secretary of State P00000108394 DOCUMENT # 1. Entity Name 01-16-2002 90054 021 \*\*\*150.00 WORKFORCE DEPOT, INC. Mailing Address Principal Place of Business P O 80X 540415 P O ROX 540415 LAKE WORTH FL 33454-0415 LAKE WORTH FL 33454-0415 Principal Place of Business 34 Willow Mailing Address , 0 , Bo x 540415 DO NOT WRITE IN THIS SPACE 4. FEI Number 1060 892 Applied For City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KRUEGER, BARBARA J 106 S BROUGHTON CT **BOYNTON BEACH FL 33436** 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS IN 11 ADDITIONS/CHANGES TO 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Delete TITLE TITLE 6934 Willow Creek Run Lake Worth, FL 33463 KRUEGER, BARBARA J NAME NAME 106 S BROUGHTON CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [ ] Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tradice 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 aftachment with an address, with all other like empowered.

**FILED**