

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90202 037 ***150.00

DOCUMENT # P00000108394

1. Entity Name
WORKFORCE DEPOT, INC.



Principal Place of Business
**6934 WILLOW CREEK RUN
LAKE WORTH FL 33463**

Mailing Address
**P O BOX 540415
LAKE WORTH FL 33454-0415**



2. Principal Place of Business

3. Mailing Address
P.O. Box 684

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Rex, GA

4. FEI Number **65-1060892**

Applied For
Not Applicable

Zip

Country

Zip
30273-0684

Country
USA

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

**KRUEGER, BARBARA J
6934 WILLOW CREEK RUN
LAKE WORTH FL 33463**

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

SIGNATURE **Barbara J. Krueger**

Barbara J. Krueger

2/10/03

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 **P** ☐ Delete
NAME **KRUEGER, BARBARA J**
STREET ADDRESS **6934 WILLOW CREEK RUN**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **David S. Stone, V.P.** ☐ Change ☒ Addition
NAME **4326 Brandon Drive**
STREET ADDRESS **Delray Beach, FL 33445**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Barbara J. Krueger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

561-358-2622

Daytime Phone #

CR20034 (10/02)