

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90272 035 \*\*\*150.00

**DOCUMENT # P01000012952**



1. Entity Name  
**SELECT WORK ENTERPRISE INC.**

Principal Place of Business  
**132 ALISA DRIVE  
SEBASTIAN FL 32958**

Mailing Address  
**P.O. BOX 700616  
WABASSO FL 32970-0616**



2. Principal Place of Business  
**1191 35th AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1191 35th AVE**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**VERO BEACH**  
Zip  
**32960**  
Country  
**U.S.A.**

City & State  
**VERO BEACH**  
Zip  
**32960**  
Country  
**U.S.A.**

4. FEI Number **59-3695963**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERTRAND, CHRISTIAN**  
**132 ALISA DRIVE**  
**SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

Name **BERTRAND, CHRISTIAN**

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

**1191 35th AVE**

City **VERO BEACH** FL Zip Code **32960**

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 *Christian Bertrand* **CHRISTIAN BERTRAND, PRESIDENT** **02-12-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) 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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>BERTRAND, CHRISTIAN</b> |                                 |
| STREET ADDRESS | <b>132 ALISA DRIVE</b>     |                                 |
| CITY-ST-ZIP    | <b>SEBASTIAN FL 32958</b>  |                                 |
| TITLE          | <b>S</b>                   | <input type="checkbox"/> Delete |
| NAME           | <b>ODETTE, JULIEN</b>      |                                 |
| STREET ADDRESS | <b>132 ALISA DR</b>        |                                 |
| CITY-ST-ZIP    | <b>SEBASTIAN FL 32958</b>  |                                 |
| 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    |                            |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | <b>BERTRAND, CHRISTIAN</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>1191 35th AVE</b>       |  |
| STREET ADDRESS | <b>VERO BEACH FL-32960</b> |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | <b>JULIEN, ODETTE</b>      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>1191 35th AVE</b>       |  |
| STREET ADDRESS | <b>VERO BEACH FL 32960</b> |  |
| 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    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| 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: *Christian Bertrand* **CHRISTIAN BERTRAND** **02/13/03** **772.299-0327**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)