

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000077812

1. Entity Name

SITWORKS, INC.

APPROVED
AND
FILED

02 NOV 12 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5101 Collins Avenue

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 331238

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33141

Country

Zip

33133

Country

4. FEI Number

58-2590047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code

33145

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
Nurse, Carl M.
5101 Collins Avenue
Miami, Florida 33141**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**200008932462
11/12/02--01037--013 **150.00**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl M. Nurse, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Printed)

CR2E034B (12/01)

AFFIDAVIT IN SUPPORT OF
REQUEST TO WAIVE THE
FLORIDA DEPARTMENT OF STATE
CORPORATE ANNUAL REPORT LATE FEES

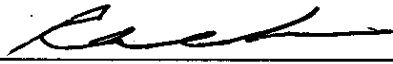
STATE OF FLORIDA)
)
COUNTY OF MIAMI DADE)

1. Carl M. Nurse is the President of SITEWORKS, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on October 4, 2002.
3. That the Corporation failed to file its 2002 Annual Report or pay the 2002 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2002 Annual Report fees and the filing of its 2002 Annual Reports, which are presented simultaneously with this Affidavit.
5. SITEWORKS, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

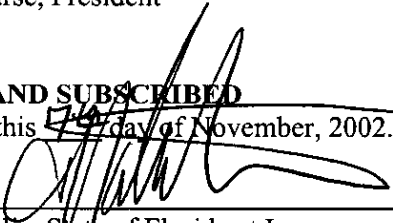
Dated: 7th day of November, 2002

FURTHER, AFFIANT SAYETH NOT

SITEWORKS, INC.

By: 
Carl M. Nurse, President

SWORN AND SUBSCRIBED
before me this 7th day of November, 2002.


Notary Public, State of Florida at Large
Printed Name: _____

Commission Expires: Notaria Iltreza



Commission # DD114593
Expires June 15, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

SPIEGEL & UTRERA, P.A.
 (Requestor's Name)
 1840 CORAL WAY, 4TH FLOOR
 (Address)
 MIAMI, FL 33145 (305) 854-6000
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Siteworth, Inc. P01000077812
 (Corporation Name) (Document #)
 2. _____
 (Corporation Name) (Document #)
 3. _____
 (Corporation Name) (Document #)
 4. _____
 (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS		AMENDMENTS	
<input type="checkbox"/>	Profit	<input type="checkbox"/>	Amendment
<input type="checkbox"/>	NonProfit	<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Limited Liability	<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Domestication	<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other	<input type="checkbox"/>	Merger

OTHER FILINGS		REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Annual Report	<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Fictitious Name	<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Name Reservation	<input type="checkbox"/>	Reinstatement
		<input type="checkbox"/>	Trademark
		<input type="checkbox"/>	Other

TALLAHASSEE, FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 02 NOV 12 AM 9:03

RECEIVED
 Examiner's Initials