

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90392 017 ***158.75

DOCUMENT # P01000118193

1. Entity Name
WORMWORKS, INC.



Principal Place of Business
2005 LORI ANN ST.
BRANDON FL 33510
US

Mailing Address
2005 LORI ANN ST.
BRANDON FL 33510
US

2. Principal Place of Business

4821 W. CHARLESTON AVE
Suite, Apt. #, etc.

3. Mailing Address

4821 W. CHARLESTON AVE
Suite, Apt. #, etc.

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

4. FEI Number

30-0018445

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

JEFFRIES, DAVID M
BANK OF AMERICA PLAZA
STE 1030 101 E KENNEDY BLVD
TAMPA FL 33602

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
YOUNG, DARRYL
2005 LORI ANN ST.
BRANDON FL 33510

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
YOUNG, DARRYL
4821 W. CHARLESTON AVE
PLANT CITY, FL 33566

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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 of David M. Jeffries
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-03
Date

Daytime Phone #

0439893 AV