

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90965 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10095759

DOCUMENT # P02000045403			
1. Entity Name 3D SITEWORK CORPORATION			
Principal Place of Business P.O. BOX 76074 TAMPA, FL 33675		Mailing Address P.O. BOX 76074 TAMPA, FL 33675	
2. Principal Place of Business SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FCI Number 33-1001822		Applied For Not Applicable	
5. Certificate of Status Desired ☐		68.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMAN, MARY N 4318 S. WESTSHORE BLVD. TAMPA, FL 33611		7. Name and Address of New Registered Agent 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 the registered agent.			
SIGNATURE <i>Mary N. Hoffmann</i> MARY N. HOFFMANN		OWNER 4/25/03	
FILED WITH FEE IS \$56.00 After May 1, 2003 Fee will be \$65.00 Money Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OWNER, OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MARY N. HOFFMANN 4318 S. WESTSHORE BLVD. TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS 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 no other live empowered.			
SIGNATURE: <i>Mary N. Hoffmann</i> MARY N. HOFFMANN		4/25/03	

CIRE034 (10/02)