

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000053740

FILED
Mar 28, 2003
Secretary of State

Entity Name: WORKPLACE INSTALLERS INC.

Current Principal Place of Business:

1059 NASH DRIVE
CELEBRATION, FL 34747

New Principal Place of Business:

7703 KINGSPONTE PARKWAY
800
ORLANDO, FL 32819

Current Mailing Address:

1059 NASH DRIVE
CELEBRATION, FL 34747

New Mailing Address:

7703 KINGSPONTE PARKWAY
800
ORLANDO, FL 32819

FEI Number: 30-0078269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECK, DOUG
1059 NASH DRIVE
CELEBRATION, FL 34747

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BECK, DOUG
Address: 1059 NASH DRIVE
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: BECK, TRACY
Address: 1059 NASH DRIVE
City-St-Zip: CELEBRATION, FL 34747

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change () Addition
Name: BECK, DOUG
Address: 1059 NASH DRIVE
City-St-Zip: CELEBRATION, FL 34747

Title: DPT (X) Change () Addition
Name: BECK, TRACY J
Address: 1059 NASH DRIVE
City-St-Zip: CELEBRATION, FL 34747

Title: DV () Change (X) Addition
Name: ROUSSEAU, MICHAEL G
Address: 5125 PALM SPRINGS BLVD #5102
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY J BECK

DPT

03/28/2003

Electronic Signature of Signing Officer or Director

Date