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

P02000071343 DOCUMENT #

1. Entity Name

NAAS WORK, INC.



Principal Place of Business 415 W. CITRUS STREET ALTAMONTE SPRINGS FL 32714		Mailing Address 415 W. CITRUS STREET ALTAMONTE SPRINGS FL 32714						
2. Principal Place of Business 1275 Bennett Drive		3. Mailing Address 1275 Bennett Drive		110011441 (81	BUILD TIULL BUILL DRIEF BUTTE TRIEF	1 1888) 13883 13111 T	1886 ())) 1881	
Suite, Agt. #. etc. Suite 122		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State Longwood		City & State Longwood		4. FEI Number 356-	50-3827	No	plied For t Applicable	
<sup>Zip</sup> 3ス	150 Country USA	32750	Country	5. Certificate of St		\$8.75 Add		
	6. Name and Address of Current I	7. Name and Address of New Registered Agent						
NAAS, PATRICK 415 W CITRUS STREET			Name Street Address (P.O. Box Number is Not Acceptable)					
ALTAMONTE SPRINGS FL 32714				<del></del>				
ALIAMON	TE STRINGS   E 327   4	·	City		FI	Zip Code		
signature .	named entity submits this statement for one of registered agent.  Signature, typed or printed name of registered agent at LE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of	nd tile if applicable. (NOTE: F		re required when reinstating)  9. Election	DATE	\$5.0	0 May Be to Fees	
10.	OFFICERS AND I	DIRECTORS	11,	ADDITIONS/CHA	NGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAAS, PATRICK 415 W CITRUS STREET ALTAMONTE SPRINGS FL 32714	C) Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1275 Bennett Longwood, FL		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAAS, DIANE 415 W. CITRUS STREET ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1275 Bennett Longwood, FL	Drive, Suit	文 Change モートン	Addition	
NAMESTREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del></del>		☐ Change	Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE		□ Delete	TITLE			□ Channe	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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Addition

☐ Change

**FILED** 

05-16-2003 90188 019 \*\*\*150.00

May 16, 2003 8:00 am Secretary of State

Affachment May 6, 2003 45 PO 20000 7 1343

Drotsion of Corporations Uniform Business Report Filings P.O. Box 1500 Dallahassee, 76 32302-1500

Re: Naar Work, Onc.

-Gentlemen,

Enclosed please ford 2003 For Profit Corporation Uniform Duriness Report LUBR) and our check in the amount of \$150.00. The form and check are being mailed at this time because This is the first time we have been incorporated and The form was recently opened for signature & mailing. also, I recently had a baby and we are moving into an office, too at this time. I will make sure the paperwork and check and sent to your office in april in the future. Thank you very much for your understanding. It is very much appreciated.

Direcely,

Diane C. Noas

Ercl.