

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

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90160 040 \*\*\*150.00

DOCUMENT # **P02000077682**

1. Entity Name

**Scan Works, Inc.** ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**100 Wallace Ave**

3. Mailing Address

Suite, Apt. #, etc.

**same**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

**Suite 208**

City & State

**Sarasota**

4. FEI Number

**46-0492323**

Applied For

Not Applicable

Zip

**34237**

Country

**Sarasota**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**James D. Keeney, Esq.**

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

**100 WALLACE AVENUE**

**Suite 210**

City

**Sarasota**

**FL**

Zip Code

**34237**

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IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P/D Marie R. Keeney  
100 Wallace Ave #208  
Sarasota FL 34237**

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

SIGNATURE:

**Marie Keeney** **Marie R. Keeney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/03**

Date

**941-350-9868**

Daytime Phone #

CR2E034B (12/02)