

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90105 003 ***150.00

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DOCUMENT # P02000086328

1. Entity Name
SYSWORKS CORP



Principal Place of Business
1707 1ST STREET E
#113
BRADENTON FL 34208
US

Mailing Address
4949 STATE ROAD 64 EAST
#233
BRADENTON FL 34208
US



2. Principal Place of Business

3. Mailing Address

522 9th St. W

522 9th St. W

Suite, Apt. #, etc.
Suite #3

Suite, Apt. #, etc.
Suite 3

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip
34205

Country
USA

Zip
34205

Country
USA

4. FEI Number
14-1841415

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BADKE, MARIA L
6407 4TH AVE NE
BRADENTON FL 34208

Name Badke, Maria L
Street Address (P.O. Box Number is Not Acceptable)
522 9th St. W
Suite 3
City Bradenton **FL** **Zip Code** 34205

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]* **President**

DATE 4/9/03

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 PS ☐ Delete
NAME BADKE, MARIA L
STREET ADDRESS 6407 4TH AVE NE
CITY-ST-ZIP BRADENTON FL 34208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME BADKE, TIMOTHY K
STREET ADDRESS 6407 4TH AVE NE
CITY-ST-ZIP BRADENTON FL 34208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

941-708-6868

Daytime Phone #

CR2E034 (10/02)