

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000015650**

1. Entity Name

CORPORATE WORKFLOW SOLUTIONS, INC.**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90068 009 ***150.00

Principal Place of Business

354 CYPRESS DR
9
TEQUESTA FL 33469
US

Mailing Address

P.O. BOX 1278
JUPITER FL 33469-3050
US

2. Principal Place of Business

3. Mailing Address

354 Cypress Drive

Suite, Apt. #, etc.

Suite, Apt. # etc.

Suite 9

City & State

City & State

Tequesta, Florida

Zip

Country

Zip

Country

33469**US**

4. FEI Number

65-0565562

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, J.E.
18815 SOUTH GOLDEN HAWK TRAIL
JUPITER FL 33458

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, J.E.	
STREET ADDRESS	18815 SOUTH GOLDEN HAWK TRAIL	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	V	<input type="checkbox"/> Delete
NAME	MC LAIN, MICHAEL J	
STREET ADDRESS	18690 SE LAKESIDE WAY	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COMLEY, KIMBERLY C	
STREET ADDRESS	17688 BRIDLE CT	
CITY-ST-ZIP	JUPITER FL 33478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Webb, Kimberly C.

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly C. Webb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/99

Daytime Phone #

561.747.0808