

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015650

1. Entity Name
CORPORATE WORKFLOW SOLUTIONS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90176 045 ***150.00

Principal Place of Business
354 CYPRESS DR
9
TEQUESTA FL 33469
US

Mailing Address
354 CYPRESS DR
9
TEQUESTA FL 33469
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0565562

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|---------------------------------|
| 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 | WEBB, 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 | | |

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

219 Golf Club Circle
Tequesta, FL 33469

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
Kimberly C. Webb, VP-C.F.O.

1/18/2001
Date

561-747-0808 x10
Daytime Phone #

CR2E034 (10/00)