2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90057 006 ***150.00

DOCUMENT # P95000019006

1. Entity Name
AUDIT WORKS, INC.

Principal Place of Business	Mailing Address
~~6455 AMBERJACK TERR~~ ~~MARGATE FL 33063~~	~~6455 AMBERJACK TERR~~ ~~MARGATE FL 33063-6911~~

2. Principal Place of Business	3. Mailing Address
12332 SW 1ST ST.	12332 SW 1ST ST.
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: CORAL SPRINGS	City & State: CORAL SPRINGS
Zip: 33071 Country: BROWARD	Zip: 33071 County: BROWARD

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0569668 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHARLES J. GOLDMAN, P.A.
601 S FEDERAL HWY
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

FL

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 — Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

[redacted]

10. Electronic Filing Requested [ ] $5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS OR DELETIONS TO OFFICERS AND DIRECTORS
TITLE	P	[ ] Delete
NAME	LEASE, TODD	
STREET ADDRESS	6455 AMBERJACK TERR	
CITY-ST-ZIP	MARGATE FL	
TITLE	VP	[ ] Delete
NAME	LEASE, TERESA	
STREET ADDRESS	6455 AMBERJACK TERR	
CITY-ST-ZIP	MARGATE FL	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

	[ ] Change [ ] Add
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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 empowerment.

SIGNATURE: Teresa A. Lease V.P. 4/29/01 954-340-4550
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #