

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000028118

1. Entity Name

WORK COMP SOLUTIONS, INC.

FILED

Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90005 046 ***150.00

Principal Place of Business

2275 SO. FEDERAL HIGHWAY STE 370
DELRAY BEACH FL 33483

Mailing Address

2275 SO. FEDERAL HIGHWAY STE 370
DELRAY BEACH FL 33483-3342

2. Principal Place of Business

70 INDIAN HEAD DRIVE
Suite, Apt. #, etc.

3. Mailing Address

70 INDIAN HEAD DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

4. FEI Number

65-0572555

Applied For

Not Applicable

Zip

Country

32174

VOLUSIA

Zip

Country

32174

VOLUSIA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAARINEN, STEVEN N
2275 SO. FEDERAL HIGHWAY STE 370
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

STEVEN N. SAARINEN

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

70 INDIAN HEAD DRIVE

City

FL

Zip Code

32174

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

Steven N. Saarinen

1/31/00

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 State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SAARINEN, STEVEN N	
STREET ADDRESS	234 PELICAN WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARY M. SAARINEN	
STREET ADDRESS	234 PELICAN WAY	
CITY-ST-ZIP	DELRAY BCH FL 33483	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN N. SAARINEN	
STREET ADDRESS	70 INDIAN HEAD DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY M. SAARINEN	
STREET ADDRESS	70 INDIAN HEAD DRIVE	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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		
STREET ADDRESS		
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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		
STREET ADDRESS		
CITY-ST-ZIP		

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:

STEVEN N. SAARINEN

STEVEN N. SAARINEN 1/31/00 272-7717

Date

Daytime Phone #

CR2E034 (9/99)