

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000074

1. Entity Name

BUSINESSWORKS, INC.

Principal Place of Business

2700 WESTHALL LANE
SUITE 145
MAITLAND FL 32751

Mailing Address

2700 WESTHALL LANE
SUITE 145
MAITLAND FL 32751

2. Principal Place of Business

1800 Pembroke Dr

Suite, Apt. #, etc.

Ste 300

City & State

Orlando FL

Zip
32810

Country

Orange

3. Mailing Address

1800 Pembroke Dr

Suite, Apt. #, etc.

Ste 300

City & State

Orlando FL

Zip
32810

Country

Orange

6. Name and Address of Current Registered Agent

DEPALMA, JOHN A
2700 WESTHALL LANE
STE 145
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name DePalma John A

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

1800 Pembroke Dr

City

Orlando

FL

Zip Code

32810

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

John A. DePalma

John A. DePalma

4/27/01

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

TITLE D ☐ Delete
NAME DEPALMA, PAUL A
STREET ADDRESS 381 WEKIVA COVE ROAD
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D ☐ Delete
NAME JOHN A DEPALMA
STREET ADDRESS 1329 AMERICAN ELM DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

John A. DePalma

John A. DePalma

4/27/01

4076605157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90134 026 ***150.00

544525



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3353961**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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