

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90267 012 ***150.00

DOCUMENT # P96000000074

1. Entity Name
BUSINESSWORKS, INC.

Principal Place of Business

**1800 PEMBROKE DRIVE
 STE 300
 ORLANDO FL 32810**

Mailing Address

**1800 PEMBROKE DRIVE
 STE 300
 ORLANDO FL 32810**

2. Principal Place of Business

1800 PEMBROOK DR.

3. Mailing Address

1800 PEMBROOK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3353961

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

**DEPALMA, JOHN A
 1800 PEMBROOK DRIVE
 ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name **PAUL A. DEPALMA**
 Street Address (P.O. Box Number is Not Acceptable)
381 WEKIVA COVE RD
 City **LONGWOOD** FL Zip Code **32779**

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

Paul A. Depalma **PRESIDENT**

4/23/02

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, 2002 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
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 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:

Paul A. Depalma **PRESIDENT** **4/23/02** **407 660 5757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)