

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016539

1. Entity Name
MEDIWORKS ADVERTISING AND MARKETING, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90110 013 ***150.00

Principal Place of Business
595 GRANADA BLVD
BLDG 1, STE C
ORMOND BEACH FL 32174
US

Mailing Address
10 HIGHWOOD RIDGE TRAIL
ORMOND BEACH FL 32174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3429935		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
REID, SCOTT A 10 HIGHWOOD RIDGE TRAIL ORMOND BEACH FL 32174				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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 (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, 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	P	REID, SCOTT ALAN	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		10 HIGHWOOD RIDGE TRAIL		STREET ADDRESS			
CITY-ST-ZIP		ORMOND BEACH FL 32174		CITY-ST-ZIP			
TITLE	V	MALUS, MARCIA	<input type="checkbox"/> Delete	TITLE	✓	Maly's, Marcia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		8607 SAND LAKE SHORES DR.		STREET ADDRESS		8607 Sand Lake Shores Dr	
CITY-ST-ZIP		ORLANDO FL 32806		CITY-ST-ZIP		Orlando, FL 32836	
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Scott Alan Reid 4/23/01 386-676-4608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)