

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90168 049 ***150.00

DOCUMENT # P97000068572

1. Entity Name
WORKMAN & ASSOCIATES, INC.



Principal Place of Business

**800 5TH AVE S
STE 203
NAPLES FL 34102
US**

Mailing Address

**800 5TH AVE S
STE 203
NAPLES FL 34102
US**

2. Principal Place of Business

3226 VanBuren Ave.
Suite, Apt. #, etc.

3. Mailing Address

3226 VanBuren Ave.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Naples FL

City & State
Naples FL

4. FEI Number **59-3461477**

Applied For
☐ Not Applicable

Zip
34112

Country
USA

Zip
34112

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WORKMAN, DOUGLAS**
STREET ADDRESS **3226 VAN BUREN AVE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **PVST** ☐ Delete
NAME **WORKMAN, DOUGLAS**
STREET ADDRESS **3226 VAN BUREN AVE**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03
Date

Daytime Phone #

CR2E034 (10/02)