2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 25, 2000 8:00 am Secretary of State DOCUMENT # P98000018760 1. Entity Name WORKSCAPES, INC. 03-25-2000 90009 037 ***150.00 Principal Place of Business Mailing Address 900 ORANGE AVENUE C/O JOEL D. MASER, ESQUIRE 111 NORTH ORANGE AVENUE - 20TH FLOOR WINTER PARK FL 32789 ORLANDO FL 32801-2316 US 2. Principal Place of Business 3. Mailing Address 90<u>0</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3503347 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32789 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITI F PO Change Change Addition ☐ Delete TITLE DVOKAK, ELIZABETH A 1563 LAKEHURST AVE. DVORAK, ELIZABETH A NAME NAME STREET ADDRESS 320 PAWNEE TRAIL STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP MAITLAND FL 32751 VSTO Addition Change VSTD Delete TITLE TITLE DVORAK RICHARDJ DVORAK, RICHARD J NAME ISG3 LAKE HURST AVE. 320 PAWNEE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 3>789 MAITLAND FL 32751 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 a quired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an ad-