2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT#

P98000018760

1. Entity Name



FILED Apr 02, 2003 8:00 am Secretary of State

WORKSCAPES, INC.								04-02-2003 90111 011	,	
Principal Place of Business 900 ORANGE AVENUE WINTER PARK FL 32789 US			900 OF	Mailing Address 900 ORANGE AVENUE WINTER PARK FL 32789 US				T (BRILLAN) (18 KATAN 1801), BALIN BANJU BANJU BANJU NJARU KATU KATU KATU		
2. Principal	Place of Busin	ness	3. Mailing Address				+			
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State			City 8	City & State			4.	4. FE! Number 59-3503347 Applied For Not Applicable		
Zip	Zip Country		Zip	Zip Cour		try	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Curre	nt Registered	tered Agent			7.	7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525						-		Box Number is Not Acceptable)		
13	00661602	001-2020					City Whater Our K. FL Zip Code 89			
8. The above	e named entity	submits this statemen	for the purpo	se of changing its	registere	ed office or regist	ered ag	gent, or both, in the State of Florida. I am familiar with, and	accept	
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SIGNATURE	Signature, typed	or printer name of registered ag	ent and title if applic	cable. (NOT	E: Registered	Agent signature requir	ed when r	WAK-General Manager 3/	26/05	
FILE NOWN 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 \$5.00 M Trust Fund Contribution. Added to 1		
10.		OFFICERS AN	ID DIRECTOR	rs	11.		ΔĹ		11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1563 LAKE	ELIZABETH A HURST AVE ARK FL 32789	• ,	☐ Delete					Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RICHARD J HURST AVE ARK FL 32789		☐ Delete		I		☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		li i		☐ Change ☐	Addition	
TITLE NAME STREET ADDRESS.				☐ Delete	TITLE NAME STREE	T ADDRESS		☐ Change ☐	Addition	

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 action of the information 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 is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an action of the corporation of the corporation

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP