

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031051

1. Entity Name  
WORK FINANCIAL GROUP, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-24-2000 90026 041 \*\*\*150.00

Principal Place of Business

12230 FOREST HILL BLVD  
SUITE 115  
WELLINGTON FL 33141

Mailing Address

12230 FOREST HILL BLVD  
SUITE 115  
WELLINGTON FL 33141

**A0074424**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0828292**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORK, IRA M  
12230 FOREST HILL BLVD  
SUITE 115  
WELLINGTON FL 33141

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.

SIGNATURE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
WORK, IRA M  
12220-6 SAG HARBOR COURT  
WELLINGTON FL 33414 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/00

Date

(561) 227-1522

Daytime Phone #

Attachment UCR#: P98000031051  
A0074424

August 22, 2000

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee FL 32302-1500

To Whom It May Concern:

Enclosed are the 2000 UBR and a check enclosed in the amount of \$150.00. This is the only noticed that I have received this year. This was not the second notice.

I respectfully request that you waive the \$400 fine.

Thank you in advance for your attention to this matter.

Sincerely,



Ira M. Work