

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051854

1. Entity Name

FLORIDA SITE WORKS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90093 035 ***150.00

Principal Place of Business

Mailing Address

17150 OSGOOD AVE
 MONTVERDE FL 34756

P O BOX 36
 KILLARNEY FL 34740-0036

2. Principal Place of Business

3. Mailing Address

6432 Sleepy Hollow Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Florida

City & State

4. FEI Number

59-3523577

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

Country

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

PHIPPS, DIANE
 15218 ARABIAN WAY
 MONTVERDE FL 34756

Name

Rick Dowda

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

1009 Henson Ct.

City

Oviedo

FL

Zip Code

32765

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)

4/24/00

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, 2000 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 PSTD ☒ Delete
 NAME PHIPPS, DIANE
 STREET ADDRESS 15218 ARABIAN WAY
 CITY-ST-ZIP MONTVERDE FL 34756

TITLE P ☐ Change ☒ Addition
 NAME Rick Dowda
 STREET ADDRESS 1009 Henson Ct.
 CITY-ST-ZIP Oviedo, FL 32765

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
 NAME Richard Weis
 STREET ADDRESS 6432 Sleepy Hollow Dr.
 CITY-ST-ZIP Orlando, FL 32808

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TS ☐ Change ☒ Addition
 NAME Diane Phipps
 STREET ADDRESS 17150 Osgood Ave.
 CITY-ST-ZIP Montverde, FL 34756

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 407-758-8336

CR2E034 (9/99)