## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000052796**

1. Entity Name

## FUSION WORKS, INC.

Fi.	./							
Principal Place of Busine	ess	Mailing Address						
.J. BXO 1865 BEACH F: 32175		P.O. BXO 1865 ORMOND BEACH F: 32175-1865						
2. Principal Place of Business		3. Mailing Address	<u> </u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip ',	Country	Zip	Country					
6. Name and Address of Current Registered Agent								

## **FILED** Jun 08, 2000 8:00 am Secretary of State

06-08-2000 90017 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Signar Approximation		. <u></u>								
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Chy  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Florida.  Signature  9. This corporation is eligible to satisfy its Intangible  7. The above named entity submits this statement for the purpose of changing its registered Agent, or both, in the State of Florida.  Signature To the purpose of printed where deplaced spectable in the purpose of changing its registered Agent, or both, in the State of Florida.  Signature To the purpose of printed where recreations in the State of Florida.  Signature To the purpose of printed where deplaced spectable in the purpose of changing its registered Agent, or both, in the State of Florida.  Signature To the purpose of printed where deplaced spectable in the purpose of changing its registered Agent, or both, in the State of Florida.  Signature To the purpose of printed where recreations in the State of Florida.  Signature To the purpose of printed where recreations in the State of Florida.  Signature To the purpose of printed where recreations agent, or both, in the State of Florida.  Signature To the purpose of printed where recreations agent, or both, in the State of Florida.  Signature To the purpose of printed where recreations agent, or both, in the State of Florida.  Signature To the Purpose of Purpose of Purpose of Change where recreations agent, or both, in the State of Florida.  Signature To the Purpose of	City & State		City & State		4. FEI Number 59-3530929				plied For t Applicable	
BEERS, DANIEL W 6021 WINDING RIDGE LANE PORT ORANGE FL 32124  City FL Zip Code  City FL Zip Code  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  9. This corporation is eligible to satisfy its intangible ("After MAY 1, 2000 Fee will be \$550.00") Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE DEERS, JOSEPH C STREET AUDRESS OTH-ST-2P  TILE DANNON, DANNY C SIRET AUDRESS OTH-ST-2P  PALM COAST FL 32137  TILE DEERS, SIANIEL SIRET AUDRESS OTH-ST-2P  PALM COAST FL 32137  TILE DEERS, DANIEL SIRET AUDRESS OTH-ST-2P  PALM COAST FL 32124  TILE DEERS, DANIEL SIRET AUDRESS OTH-ST-2P  PALM COAST FL 32124  TILE DEERS, DANIEL SIRET AUDRESS OTH-ST-2P  PALM COAST FL 32124  TILE DEERS, DANIEL SIRET AUDRESS OTH-ST-2P  TILE DEERS SIRET AUDRESS OTH-ST-			Country							
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6021 WINDING RIDGE LANE PORT ORANGE FL 32124  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.  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.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  8. SIGHATURE  9. This corporation is eligible to satisfy its Intengible of Added to Fee Will be \$550.00 and After MAY 1, 2000 Fee will be \$550.00 and After MAY 1, 2000 Fee will be \$550.00 and After MAY 1, 2000 Fee will be \$550.00 and Trust Fund Contribution.  9. The corporation is eligible to satisfy its Intengible  11. COFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  NAME  BEERS, JOSEPH C  TITLE  NAME  SIREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  SIREET ADDITIONS  OTHY-ST-2P  TITLE  O				-= ~ Name	·			فتجمينت		
## City   FL   Zp Code    ## City   FL   Zp				Street Addres	s (P.O. B	lox Number is Not Acceptable)			-	
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SIGNATURE   Signature, typed or pinted name of registered agent and blie if acpticable   (NOTE Registered Agent signature required when reinstating)   DATE				City			FL	Zip Code	<b>)</b>	
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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 dire	13. I hereby o	certify that the information supplied with	this filing does not qualify for	or the exemption stated in	Section	119.07(3)(i), Florida Statutes. I fur	ther certify t	that the in	nformation or director	

of the corporation or the receiver or trustee empowered to execute this report 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