

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000054383

FILED  
Apr 27, 2003  
Secretary of State

Entity Name: WORKPLACE TRENDS, INC.

## Current Principal Place of Business:

12088 ANDERSON RD STE 184  
TAMPA, FL 33625

## New Principal Place of Business:

## Current Mailing Address:

12088 ANDERSON RD STE 184  
TAMPA, FL 33625

## New Mailing Address:

FEI Number: 59-3517002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHEEHAN, ROBERT  
12088 ANDERSON RD STE 184  
TAMPA, FL 33625

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHEEHAN, ROBERT JOHN  
Address: 12088 ANDERSON RD STE 184  
City-St-Zip: TAMPA, FL 33625

Title: D ( ) Delete  
Name: SHEEHAN, KATHLEEN MARY  
Address: 12088 ANDERSON RD STE 184  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. SHEEHAN

MR.

04/27/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date