2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085825

1. Entity Name

LURAWORKS, INC.

Principal Place of Business

Mailing Address

PO BOX 14133

PO BOX 14133

CLEARWATER FL 33766-4133 CLEARWATER FL 33766-4133

FILED May 02, 2001 8:00 am Secretary of State

05-02-2001 90208 027 ***150.00

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2. Principal Place of Business			3. Mailing Address			7							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS S	PACE			
City & State			City & State	City & State			El Number	59-353936	2		pplied For ot Applicable	7	
Zip		Country	Zip	Zip Countr		5. Ce	ertificate of S	Status Desired	\$	8.75 Add	ditional		
	6. Name	and Address of Curren	t Registered Agent			7. Na	ame and Ad	dress of New R				┨	
-		·		*	Name							1	
LYKES, CHARLES E JR. 501 SOUTH FORT HARRISON AVE, STE 101 CLEARWATER FL 33756					Street Address (P.O. Box Number is Not Acceptable)								
					City				FL	Zip Cod	le		
8. The above	named entity	y submits this statement f	or the purpose of cha	nging its register	ed office or regist	tered agei	nt, or both, i	n the State of Flo	orida.	•	-	1	
SIGNATURE .	Signature typed	or printed name of registered agen	t and title if applicable	/NOTE: Pagietar	ed Agent signature requi	rod whon rain	station)		DATE				
	Signatura, typeu	Or printed flame or registered agen	тапо прет аррпсарте.	(NOTE, Registere	- Signature requi	TOU WHO!! IOS!		·	DAIL			┦	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After M	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550 Make Check Payable to Department of			_	n Campaign Fin und Contribution		\$5.0 Added	0 May Be d to Fees		
11.		OFFICERS AND	DIRECTORS	TORS 12.			ITIONS/CH	ANGES TO OFF	CERS AND I	DIRECTOR	S IN 11	1	
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NAME	ANGELIS DOWNEY, LURA				IE						_	3	
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ia. Thereby C	ernik ruar rue	information supplied with	rians mină aces not d	uaniy ior the exe.	mpuon stated in S	ection 11	ອ ບ7(3)(I), Fl	igrida Statutes, I	rurtner certif	y that the in	ntormation	1	

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 attackment with an address, with all other like empowered.

SIGNATURE: