

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90033 036 ***150.00

DOCUMENT # P99000002658

1. Entity Name
WORLD OF WORK, INC.

Principal Place of Business

**4700 GULF DRIVE
 HOLMES BEACH FL 34217**

Mailing Address

**4700 GULF DRIVE
 HOLMES BEACH FL 34217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0888906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOBO, J A
 2 N. TAMIAMI TR. STE. 500
 SARASOTA FL 34236**

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 \$150.00
 After May 1, 2002 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 ☐ Delete
 NAME **PD SCHRODER, DON**
 STREET ADDRESS **618 BARONET LANE**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

TITLE ☐ Change ☒ Addition
 NAME **D LYNAS McDONOUGH**
 STREET ADDRESS **2105 87th STREET CT WEST**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
 NAME **DT TYLER, LARRY**
 STREET ADDRESS **9604 CORTEZ ROAD WEST #223**
 CITY-ST-ZIP **BRADENTON FL 34210**

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

TITLE ☐ Delete
 NAME **D KRONUS, JAMES P**
 STREET ADDRESS **#2 BAYVIEW**
 CITY-ST-ZIP **BRADENTON FL 34210**

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

TITLE ☐ Delete
 NAME **D HARRISON, CINDI**
 STREET ADDRESS **4402 GULF DRIVE**
 CITY-ST-ZIP **HOLMES BEACH FL 34217**

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

TITLE ☐ Delete
 NAME **D KOLBE, TIM**
 STREET ADDRESS **7103 9TH AVE DR NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02
 Date

941-795-0601
 Daytime Phone #

CR2E034 (9/01)