

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90007 032 \*\*\*150.00

**DOCUMENT # P99000005408**

1. Entity Name  
**WORK, INC.**

**D0003169**



DO NOT WRITE IN THIS SPACE

Principal Place of Business                      Mailing Address  
**1450 NOLAN ROAD**                                      **1450 NOLAN ROAD**  
**MIDDLEBURG FL 32068**                                      **MIDDLEBURG FL 32068-3049**

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                                      Applied For  
**59-3593023**                                      Not Applicable

5. Certificate of Status Desired                       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**DAVIS, FORREST L**  
**1450 NOLAN ROAD**  
**MIDDLEBURG FL 32068**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, FORREST L</b>	
STREET ADDRESS	<b>1450 NOLAN ROAD</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ Date: **1-10-2000** Home 904 282-4064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Daytime Phone # **CL 904 631-2255**

CR2E034 (9/99)