2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am Secretary of State P99000038922 DOCUMENT # 1. Entity Name 02-18-2002 90129 034 ***150.00 WORKER BEE, INC. Mailing Address Principal Place of Business 2117 VININGS CIR 2117 VININGS CIR **APT 807** APT 807 WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 9864 ROYAC CARDIGAN VOY 3. Mailing Address 9864 ROYAL CORDIBAN WOY DO NOT WRITE IN THIS SPACE City & State West Parm Beach Applied For 4. FEI Number City & State 65-0912340 BeacH West Parm Not Applicable Country Zip 33 411 \$8.75 Additional 5. Certificate of Status Desired Palm Beach PALM BEACH 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARYANN CLAY, MARYANN Street Address (P.O. Box Number is Not Acceptable) 9864 ROYN CORDEGEN 2117 VININGS CIR WEST PALM BEACH FL 33414 Zip Code 33 4 11 City West PAUM BEACH 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition TITLE Delete TITLE CLAY, MARYANN. CLAY, MARYANN NAME Way 9864 ROYAL Carpigan 2117 VININGS CIRCLE APT 807 STREET ADDRESS STREET ADDRESS West Parm Beach 33411 WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

FILED