

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039656

1. Entity Name

MATHWORKSHOP.COM INCORPORATED

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 12:18

Principal Place of Business

4747 W. WATERS AVENUE #3803
TAMPA FL 33614

Mailing Address

4747 W. WATERS AVENUE #3803
TAMPA FL 33614

2. Principal Place of Business

16232 BRECKINMORE LANE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

Country

USA

3. Mailing Address

16232 Breckinmore Lane

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33625

Country

USA



REINSTATEMENT

4. FEI Number

☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORESE, VINCENT T
4747 W. WATERS AVENUE #3803
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

16232 BRECKINMORE LANE

City

Tampa

FL

Zip Code

33625

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

7/19/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D.P.
NAME VINCENT T. FORESE
STREET ADDRESS 16232 BRECKINMORE LANE
CITY-ST-ZIP Tampa Florida 33625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT T. FORESE

7/18/00

Date

8132658722

Daytime Phone #

CR2E034 (5/00)