

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039656
1. Entity Name
MATHWORKSHOP.COM INCORPORATED

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 SEP 25 PM 12:47

Principal Place of Business
 16232 BRECKINMORE LANE
 TAMPA FL 33625

Mailing Address
 16232 BRECKINMORE LANE
 TAMPA FL 33625

2. Principal Place of Business
 5035 SAVARESE CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address
 5035 SAVARESE CIRCLE
 Suite, Apt. #, etc.

City & State
 TAMPA FLORIDA

City & State
 TAMPA FLORIDA

Zip 33634 **Country** USA **Zip** 33634 **Country** USA

REINSTATEMENT

6. Name and Address of Current Registered Agent
 FORESE, VINCENT T
 16232 BRECKINMORE LANE
 TAMPA FL 33625

4. FEI Number NOT APPLICABLE

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

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 *[Signature]* DATE 9/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORESE, VINCENT T 16232 BRECKINMORE LANE TAMPA FL 33625 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100004618381--9 -10/01/01--01072--014 ****750.00 ****750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED** *[Signature]* **8/18/01** **8136740660**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9689800 AV

CR2034 (5/01)