2001 UNIFORM BUSINESS REPORT (UBR) Sep 06, 2001 8:00 am Secretary of State DOCUMENT # 09-06-2001 90270 045 ***158.75 Work Management, Principal Place of Business Mailing Address A0083905 100 S Center Rd. Sanford, FL 32771 2. Principal Place of Business 3. Mailing Address Same Same DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 52- 22 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Patricia M. Hartwig Street Address (P.O. Box Number is Not Acceptable) S. Center Sanford, FL 32771 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY_1, 2001 Fee will be \$550.00_ Trust Fund Contribution. -------Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President CR2E034 (11/00) TITLE ☐ Delete TITLE Change ☐ Addition Patricia M. Hartwig 100 S. Center Rd. NAME NAME STREET ADDRESS STREET ADORESS Sanford, FL 32711 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change 🖛 🗖 Addition= NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

TED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/01

(407) 330-5731

Davidina Phona #

AHACHMENT DHP990005665 AUU83905

100 South Center Rd. Sanford, Fl. 32771 Phone (407) 330-5731 ResourceMaster@hotmail.com

July 15,01

as per our conversation on June 12,00 to de la conversation on June

with my undown business report.

year after numerous requests earlier in the year. I wonted to thank Mrs. Sprather than year. I wonted to thank me.

If possible, could me have a copy for next year sent to us with our Certificate of Status for this year. That may me can send our check early, and not risk mising the deadline next May.

Thanks for you help.

Dincerely, Patricia M. Harting