

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91906 008 \*\*\*158.75

DOCUMENT # P99000056615

1. Entity Name  
Tite Work Management, Inc.  
100 S. Center Rd.  
Sanford, FL 32771



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>100 S. Center Rd</u> Suite, Apt. #, etc.		3. Mailing Address <u>(same)</u> Suite, Apt. #, etc.	
City & State <u>Sanford, FL</u>		City & State	
Zip <u>32771</u>	Country <u>Seminole</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>52-2234672</u>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Patricia Anne Hartwig

Street Address (P.O. Box Number is Not Acceptable)  
100 S. Center Rd.

Sanford, FL 32771

City Sanford State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Patricia Anne Hartwig</u> <u>100 S. Center Rd.</u> <u>Sanford, FL 32771</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Anne Hartwig Date 4/30/03 Daytime Phone # (407)330-0949

CR2E034B (12/02)