

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000069805**1. Entity Name
SALES WORK, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90003 044 ***150.00

0456387

Principal Place of Business
**2139 LA VACA DRIVE
JACKSONVILLE FL 32217**Mailing Address
**2139 LA VACA DRIVE
JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country4. FEI Number **59-3596267**
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE SUITE 2301
JACKSONVILLE FL 32202**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	GRAMLING, DONNIE L	2139 LA VACA DRIVE	JACKSONVILLE FL 32217	
	D			
	GRAMLING, NADINE W	2139 LA VACA DRIVE	JACKSONVILLE FL 32217	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Donnie L. Gramling President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-10-01 904-737-7037
Date Daytime Phone #

CR2E034 (10/00)