

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90012 042 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000080972

1. Entity Name
FSBO WORKS, INC.

Principal Place of Business Mailing Address
2461 MARKINGHAM ROAD **2461 MARKINGHAM ROAD**
MAITLAND FL 32751 **MAITLAND FL 32751-3641**

2. Principal Place of Business 3. Mailing Address
125 S. SWOOP AVE *125 S. SWOOP AVE.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
201B *201B*

City & State City & State
MAITLAND, FL *Maitland, FL*

Zip Country Zip Country
32751 *USA* *32751* *USA*

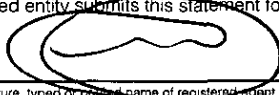
4. FEI Number Applied For
59-3604243 Not Applicable

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

6. Name and Address of Current Registered Agent
CHEMA, THOMAS M
2461 MARKINGHAM ROAD
MAITLAND FL 32751

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  *Thomas M. Chema* DATE *1-12-00*

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 | D <input type="checkbox"/> Delete CHEMA, MICHAEL J 2461 MARKINGHAM ROAD MAITLAND FL 32751 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | A/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Chema, Michael J.</i> <i>125 S. SWOOP AVE, 201-B</i> <i>Maitland, FL 32751</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete CHEMA, THOMAS M 2461 MARKINGHAM ROAD MAITLAND FL 32751 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Chema, Thomas M</i> <i>125 S. SWOOP AVE, Suite 201B</i> <i>Maitland, FL 32751</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete CHEMA, ANDREW C 2461 MARKINGHAM ROAD MAITLAND FL 32751 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Chema, Andrew C</i> <i>125 S. SWOOP AVE, Suite 201B</i> <i>Maitland, FL 32751</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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:  *Michael J. Chema - President 01/10/2000* Date *01/10/2000* Daytime Phone # *(407) 677-9123*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)