

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90096 012 ***150.00

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DOCUMENT # P99000080972

1. Entity Name
FSBO WORKS, INC.



Principal Place of Business
125 S SWOOPE AVE
SUITE 204
MAITLAND FL 32751

Mailing Address
125 S SWOOPE AVE
SUITE 204
MAITLAND FL 32751



2. Principal Place of Business
125 S. Swoope Ave
Suite, Apt. #, etc.
Suite 106
City & State
Maitland, FL
Zip
32751 Country
US

3. Mailing Address
125 S. Swoope Ave
Suite, Apt. #, etc.
Suite 106
City & State
Maitland, FL
Zip
32751 Country
US

CHECK HERE IF MAKING CHANGES

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
Chema, Thomas M
Street Address (P.O. Box Number is Not Acceptable)
1880 Derbyshire Rd.
City
Maitland FL Zip Code
32751

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	VD CHEMA, MICHAEL J 125 S. SWOOPE AVE. 204 MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHEMA, THOMAS M 125 S. SWOOPE AVE. 204 MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHEMA, ANDREW C 125 S. SWOOPE AVE. 204 MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Chema, Michael J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 S. Swoope Ave 106 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Chema, Thomas M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 S. Swoope Ave 106 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Chema, Andrew C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 S. Swoope Ave 106 Maitland, FL 32751
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (10/02)