

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095804

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90035 038 \*\*\*150.00

1. Entity Name

Haworth Construction Inc. R

Principal Place of Business

Mailing Address

8056 Pelican Rd  
 Ft. Myers, FL 33912

2. Principal Place of Business

8056 Pelican Rd  
 Suite, Apt. #, etc.

3. Mailing Address

SAME  
 Suite, Apt. #, etc.

City & State

Ft. Myers FL  
 Zip 33912 Country USA

City & State

SAME  
 Zip Country

4. FEI Number

65-1000755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Haworth Const. Inc  
 8056 Pelican Rd  
 Ft. Myers FL 33912

Tina M. Haworth

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

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)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 15 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

TITLE	President	<input type="checkbox"/> Delete
NAME	Timothy Haworth	
STREET ADDRESS	8056 Pelican Road	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Tina Haworth	
STREET ADDRESS	8056 Pelican Road	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Tina Haworth	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Tina Haworth

5-31-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)