

DOCUMENT # P99000110434

1. Entity Name
BWORKS.COM, INC.

Principal Place of Business

26720 AFFIRMED DRIVE
WESLEY CHAPEL FL 33544
US

Mailing Address

26720 AFFIRMED DRIVE
WESLEY CHAPEL FL 33544
US

2. Principal Place of Business

26720 affirmed Dr.
Suite, Apt. #, etc.

3. Mailing Address

26720 affirmed Dr.
Suite, Apt. #, etc.

City & State

Wesley Chapel

Zip 33544

Country US

City & State

Wesley Chapel

Zip 33544

Country US

4. FEI Number NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORANO, ALEX
26720 AFFIRMED DRIVE
WESLEY CHAPEL FL 33544

7. Name and Address of New Registered Agent

Name Alex Morano

Street Address (P.O. Box Number is Not Acceptable)
26720 Affirmed Drive

City Wesley Chapel FL Zip Code 33544

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 Alex Morano
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/3/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MORANO, ALISON B	26720 AFFIRMED DRIVE	WESLEY CHAPEL FL 33544	
VP	MORANO, ALEX	26720 AFFIRMED DRIVE	WESLEY CHAPEL FL 33544	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Alex Morano Alex Morano 1/3/00 813-973-9872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90033 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)