

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V41216

1. Entity Name

BIOWORKS, INC.

Principal Place of Business

N. FORSUTH

PARK FL 32792-8209

Mailing Address

616 WEST PALM VALLEY DRIVE
OVIEDO FL 32765-9215

2. Principal Place of Business

4054 N. GOLDEN ROD Rd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Park, Florida

Zip

32792

Country

ORANGE

City & State

Zip

Country

4. FEI Number

59-3127603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIELSON, CHARLOTTE D.
616 W. PALM VALLEY DRIVE
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

J.D. NIELSON

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

616 W. PALM VALLEY DRIVE

City

OVIEDO

FL

Zip Code

32765

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

J.D. NIELSON

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/13/2000

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

TITLE	TS	<input type="checkbox"/> Delete
NAME	NIELSON, CHARLOTTE D.	
STREET ADDRESS	616 W PALM VALLEY DR.	
CITY - ST - ZIP	OVIEDO FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	NIELSON, JAMES D.	
STREET ADDRESS	616 W PALM VALLEY DR.	
CITY - ST - ZIP	OVIEDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
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	
CITY - ST - ZIP	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.D. NIELSON

Date

4/13/2000

Daytime Phone #

407-673-7377

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

04-27-2000 90032 035 ***150.00

80011114



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)