

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V60129

1. Entity Name

WORDEN, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90185 021 ***150.00

Principal Place of Business

Mailing Address

5441 BERRYHILL RD
MILTON FL 32570
US

POST OFFICE BOX 724
MILTON FL 32572-0724

601730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3153224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORDEN, RONALD
6952 CHIPLEY RD
MILTON FL 32570

Name

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

4360 Ponderosa Rd

City

MILTON

FL

Zip Code

32583

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) ☐

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	PST	<input type="checkbox"/> Delete
NAME	WORDEN, RONALD	
STREET ADDRESS	6952 CHIPLEY ST	
CITY-ST-ZIP	MILTON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WORDEN, RONALD	
STREET ADDRESS	6952 CHIPLEY ST.	
CITY-ST-ZIP	MILTON FL 32570	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4360 Ponderosa Rd	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4360 Ponderosa Rd	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ronald H Worden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-
1-10-00 626-2163

Date

Daytime Phone #

CR2E034 (9/99)