

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90146 028 ***150.00

DOCUMENT # V60129

1. Entity Name

WORDEN, INC.

Principal Place of Business

**5441 BERRYHILL RD
 MILTON FL 32570
 US**

Mailing Address

**POST OFFICE BOX 724
 MILTON FL 32572**

B0044755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6520 YELLOW HILL DR
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 658
 Suite, Apt. #, etc.**

City & State

MILTON FL

City & State

BAGDAD FL

4. FEI Number **59-3153224**

Applied For

Not Applicable

Zip

Country

32583 S-R

Zip

Country

32530 SR

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
 4360 PONDEROSA RD
 MILTON FL 32570**

Name

DEANA HALL

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

6520 YELLOW HILL DR

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

Deana Hall

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

(NOTE: Registered Agent signature required when reinstating)

April 25, 2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Delete
 NAME **WORDEN, RONALD**
 STREET ADDRESS **4360 PONDEROSA RD**
 CITY-ST-ZIP **MILTON FL 32583**

TITLE **PRES** ☒ Change ☐ Addition
 NAME **GARY WORDEN**
 STREET ADDRESS **6520 YELLOW HILL DR.**
 CITY-ST-ZIP **MILTON FLA. 32583**

TITLE **VP** ☒ Delete
 NAME **WORDEN, RONALD**
 STREET ADDRESS **4360 PONDEROSA RD**
 CITY-ST-ZIP **MILTON FL 32583**

TITLE **VP** ☒ Change ☐ Addition
 NAME **DWAYNE WORDEN**
 STREET ADDRESS **6520 YELLOW HILL DR.**
 CITY-ST-ZIP **MILTON FLA 32583**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/T** ☐ Change ☒ Addition
 NAME **DEANA HALL**
 STREET ADDRESS **6520 YELLOW DR.**
 CITY-ST-ZIP **MILTON FLA 32583**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gary C Worden / Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

850 516 6833

Daytime Phone #

CR2E034 (10/00)