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FILED
Jun 25, 2002 8:00 am
Secretary of State

05-13-2002 90154 050 ***150.00

FOR PROFIT CORPORATION
2002 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V60129

1. Entity Name
WORDEN, INC

DO NOT WRITE IN THIS SPACE

94754

2. Principal Place of Business
6520 YELLOW HILL DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 658
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: MILTON, FL.
Zip: 32583 Country: santa rose

City & State: BAGDAD, FL.
Zip: 32530 Country: santa rose

4. FEI Number: 59-3153224 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent
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 _____
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRES
NAME	GARY WORDEN
STREET ADDRESS	6520 YELLOW HILL DR.
CITY-ST-ZIP	MILTON, FL. 32583
TITLE	V PRES
NAME	DWAYNE WORDEN
STREET ADDRESS	6520 YELLOW HILL DR.
CITY-ST-ZIP	MILTON, FL. 32583
TITLE	S/T
NAME	DEANA HALL
STREET ADDRESS	6520 YELLOW HILL DR.
CITY-ST-ZIP	MILTON, FL. 32583
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gary C Worden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 850-516-6833
Date Daytime Phone #