

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000018760

**Entity Name:** WORKSCAPES, INC.**Current Principal Place of Business:**3225 E CLARK ST  
SUITE A  
TAMPA, FL 33605**Current Mailing Address:**3225 E CLARK ST  
SUITE A  
TAMPA, FL 33605 US**FEI Number:** 59-3503347**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RICHARD J. DVORAK  
3225 E CLARK ST  
SUITE A  
TAMPA, FL 33605 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CEO
Name	DVORAK, ELIZABETH A
Address	3225 E CLARK ST SUITE A
City-State-Zip:	TAMPA FL 33605

Title	VP
Name	HILL, CHRISTINE
Address	3225 E CLARK ST SUITE A
City-State-Zip:	TAMPA FL 33605

Title	EXECUTIVE VICE PRESIDENT, SECRETARY, TREASURER
Name	DVORAK, RICHARD J
Address	3225 E CLARK ST SUITE A
City-State-Zip:	TAMPA FL 33605

Title	CFO, ASST. TREASURER
Name	BAKKALOGLU, MEHMET
Address	3225 E CLARK ST SUITE A
City-State-Zip:	TAMPA FL 33605

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** RICHARD DVORAK**PRESIDENT****02/04/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date