

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # L80872**

1. Entity Name  
**CORPORATE CARE WORKS, INC.**

Principal Place of Business 4190 BELFORT RD #140 JACKSONVILLE 32216 US	FL	Mailing Address 4190 BELFORT RD #140 JACKSONVILLE 32216 US	FL
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2. Principal Place of Business 8665 BAYPINE ROAD	3. Mailing Address 8665 BAYPINE ROAD
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Suite, Apt. #, etc. # 100	Suite, Apt. #, etc. # 100
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32256	Country US	Zip 32256	Country US
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4. FEI Number <b>59-3010363</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**PERSICO, CYNTHIA K.**  
**4190 BELFORT RD**  
**#140**  
**JACKSONVILLE** FL  
**32216** US

**7. Name and Address of New Registered Agent**

Name  
**PERSICO, CYNTHIA K.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8665 BAYPINE ROAD**  
**# 100**  
 City  
**JACKSONVILLE** FL Zip Code  
**32256**

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 \_\_\_\_\_ **04/30/2001**  
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOC MANCE LYNDA 8665 BAYPINE ROAD, # 100 JACKSONVILLE FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOA PRESTON NANCY 8665 BAYPINE ROAD, #100 JACKSONVILLE FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOO BURGOS CHRISTEL 8665 BAYPINE ROAD, # 100 JACKSONVILLE FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANTRELL RENA 8665 BAYPINE ROAD, # 100 JACKSONVILLE FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PERSICO CYNTHIA K 8665 BAYPINE ROAD, # 100 JACKSONVILLE FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** NANCY PRESTON **DOA** 04/30/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)