FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Ad 2

DOCUMENT # J26000

Entity Name

TWIN C SHIITAKE

DO NOT WRITE IN THIS SPACE

FILED

02 MAY -7 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
RT 1 BOX 96-AA
Suite, Apt. #, etc.
City & State
GREENVILLE, FLA
Zip 32331 Country U.S.A

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-2715342
Applied For (If Applicable)

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
OLSON, CHRIS
Street Address (P.O. Box Number is Not Acceptable)
RT 1 BOX 96-AA
City
GREENVILLE, FL
Zip Code
32331

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(S) _____
Required (Attorney or third party registered agent cannot sign this section) (Each individual signature must be preceded by an "X")

9. The corporation is eligible to reinstate its inactive or administratively dissolved filing, requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P NAME OLSON, CHRIS STREET ADDRESS RT 1 BOX 96-AA CITY-ST-ZIP GREENVILLE, FL 32331	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

000005666150--
-06/03/02--01031--028
****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

CR2E093B (12/01)

13. I hereby certify that the information supplied with this filing does not violate any subscription limitation in Section 607.0505, 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 X.

Chris Olson CHRIS OLSON 5/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date

2012

May 8, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Pleased be advised that our company never received your Uniform Business Report form in the mail. We realized today that we had not received it.

Sincerely,

Chris Olson