

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90092 041 ***550.00

DOCUMENT # P01000097083

1. Entity Name
TWEEPLES, INC.

Principal Place of Business Mailing Address
 117 N COLLINS STREET 117 N COLLINS STREET
 PLANT CITY FL 33566 PLANT CITY FL 33566

2. Principal Place of Business 3. Mailing Address
38834 5TH AVE **38834 5TH AVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ZEPHYRHILLS, FL. **ZEPHYRHILLS, FL.**

Zip Country Zip Country
33542 **USA** **33542** **USA**

4. FEI Number Applied For
59-3750478 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JEFFRIES, WES C
117 N COLLINS STREET
PLANT CITY FL 33566

7. Name and Address of New Registered Agent
 Name **Delbert P. WALLACE**
 Street Address (P.O. Box Number is Not Acceptable) **38834 5TH AVE.**
 City **ZEPHYRHILLS** FL Zip Code **33542**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Delbert P. Wallace* Date *8/23/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D <input checked="" type="checkbox"/> Delete
NAME	CAROPELO, ROY F
STREET ADDRESS	117 N COLLINS STREET
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	D <input type="checkbox"/> Delete
NAME	JEFFRIES, WES C
STREET ADDRESS	9545 CARR ROAD
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	D <input type="checkbox"/> Delete
NAME	DELBERT WALLACE Delbert P.
STREET ADDRESS	38834 5TH AVE
CITY-ST-ZIP	ZEPHYRHILLS, FL. 33542
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIGNED OFF BY [Signature]* Date *8/23/02* Daytime Phone # *813-752-9177*

CFR2034 (4/02)