## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 21, 2000 8:00 am Secretary of State **DOCUMENT # 371047** 1. Entity Name TWO-T CORPORATION 02-21-2000 90023 029 \*\*\*150.00 Principal Place of Business Mailing Address 72 S.E. AVENUE E. 72 S.E. AVENUE E. P.O. BOX 1390 P.O. BOX 1390 714822 BELLE GLADE FL 33430 BELLE GLADE FLA 33430-6390 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1368448 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMPSON JR, CURTIS A Street Address (P.O. Box Number is Not Acceptable) 72 S.E. AVENUE E **BELLE GLADE FL 33430** Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ii. PD Addition | ☐ Change ☐ Delete TITLE THOMPSON JR.CURTIS A NAME ..... ADDRESS 72 S.E. AVENUE E STREET ADDRESS ST-ZIP BELLE GLADE FL CITY-ST-ZIP ☐ Defete ☐ Change Addition TITLE THOMPSON, CURTIS A **BOX 2227** STREET ADDRESS ST ZIP **CLEWISTON FL 33440** CITY-ST-ZIP Addition Delete ☐ Change THOMPSON, FRANK A NAME 264 7TH AVE NE -2-16 STREET ADDRESS · ADDRESS ST.PETERSBURG FL 33704 CITY-ST-ZIP ST ZIP ☐ Delete TITLE ☐ Change Addition THOMPSON, JANE M. NAME 1040 S.E. 3RD STREET .... Alsonice STREET ADDRESS BELLE GLADE FL CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Addition ☐ Change Delete TITLE NAME ATTIMETER STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

I hereby certify that the information supplied with this filling 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 regerier 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

Curtis A. Thompson Jr. Pres.

2-14-00

Daytime Phone #