

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 411724

1. Entity Name
TWI, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90250 004 ***150.00

Principal Place of Business
LEE CHARLOTTE CO LINE & US 41
P. O. DRAWER 4357
N. FT MYERS FL 33918-4357

Mailing Address
LEE CHARLOTTE CO LINE & US 41
P. O. DRAWER 4357
N. FT MYERS FL 33918-4357

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1836913**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STINTZI, ROBERT E.
RT #2 BOX 880
PUNTA GORDA FL 33953

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	STINTZI, ROBERT E	
STREET ADDRESS	17200 TAMiami TrL	
CITY- ST- ZIP	PUNTA GORDA FL 33955	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TURPIN, SHERRI M	
STREET ADDRESS	7502 ANN BALLARD RD	
CITY- ST- ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STINTZI, SHARI	
STREET ADDRESS	17200 N. TAMiami TR	
CITY- ST- ZIP	PUNTA GORDA FL 33955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 689, 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: *Robert E. Stintzi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

941-731-1900

Daytime Phone #

CR2E034 (10/00)