

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90026 031 ***150.00

0474986 AV

DOCUMENT # 629465

1. Entity Name
BROTHERS TWO DEVELOPERS, INC.

Principal Place of Business
3400 US 27 SOUTH
PO BOX 1824
SEBRING FL 33870

Mailing Address
P O BOX 1824
SEBRING FL 33871
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1927212**

Applied For
 Not Applicable

-Zip- Country

-Zip- Country

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

LIVINGSTON, ESQ. J
445 S COMMERCE AVE
SEBRING, FLORIDA
SEBRING FL 33870

Name

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

City

FL

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 _____ (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, 2002 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **BLACKMAN, J. TIMOTHY**
 CITY-ST-ZIP **2557 US HWY 27 SOUTH**
SEBRING FL 33870

TITLE ☒ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **BLACKMAN, J. TIMOTHY**
 CITY-ST-ZIP **449 PARK ST**
SEBRING, FL 33870

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **BLACKMAN, GARY W.**
 CITY-ST-ZIP **2557 US HIGHWAY 27 SOUTH**
SEBRING FL 33870

TITLE ☒ Change ☐ Addition
 NAME **ST**
 STREET ADDRESS **BLACKMAN, GARY W.**
 CITY-ST-ZIP **449 PARK ST**
SEBRING, FL 33870

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

865 471-2240
 3-31-02