

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F38083

1. Entity Name

TWELVE-TWO-SIXTY-FIVE, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90020 005 \*\*\*150.00

Principal Place of Business

~~1882-SE ARIES LANE~~  
~~PORT SAINT LUCIE FL 34984~~  
~~US~~

Mailing Address

~~1882-SE ARIES LANE~~  
~~PORT SAINT LUCIE FL 34984~~  
~~US~~

2. Principal Place of Business

8109 ALISTER PLACE

Suite, Apt. #, etc.

3. Mailing Address

8109 ALISTER PLACE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ST. LUCIE WEST FL

City & State

ST. LUCIE WEST, FL

4. FEI Number

59-2130102

Applied For

Not Applicable

Zip

34986

Country

USA

Zip

34986

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAHARAKO, DOROTHY  
1882-SE ARIES LANE  
PORT SAINT LUCIE FL 34984

8109 ALISTER PLACE  
ST. LUCIE WEST, FL  
34986

7. Name and Address of New Registered Agent

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

*Dorothy Zaharako* DOROTHY ZAHARAKO

4-14-01

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BROOKS, R A	
STREET ADDRESS	87 E SMITH LN	
CITY-ST-ZIP	FINGER TN 38334	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BUSBY, LYNDIA B	
STREET ADDRESS	P.O. BOX 235 N/A	
CITY-ST-ZIP	CALHOUN FALLS SC 29628	
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	
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:

*Lyndia B. Busby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

864-446-3086

Daytime Phone #

CR2E034 (10/00)